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ABSTRACT

The current status and future directions of the field of mental disabilities in Iowa are discussed in the following papers, among others: "Regular Education Initiative and Its Impact on Mental Disabilities" (Carol Bradley); "Mild Mental Retardation Across the Lifespan: Current and Future Considerations" (James Patton); "Where We Are Now" (Greg Robinson); "Current Status of Graduates of Mental Disabilities Programs" (Patricia Sitlington); "Strengths and Weaknesses of our Graduates from the Adult Service Perspective" (Pat Steele); "Getting Them Ready for Transition" (Robert Miller); "The Funding of Special Education" (Tom Burgett); "A Comparison of Classrooms for Students with Mental Disabilities" (Ann Casey); "Current Issues and Future Prospects in Mild Mental Retardation Classification and Placement" (Daniel Reschly); "Ideas for Future Programming in Mental Disabilities" (Laurence Sargent); "Changing Families: Impact on Education" (Deb Brower); "Impact of Public Law 99-457, Part H" (Peggy Cvach); "Preservice Programs for the Preparation of Teachers for Students with Mental Disabilities" (Alan Frank); and "Future Considerations in the Area of Teacher Certification" (Dee Wilson). Priority issues and recommendations are outlined in the areas of national and state perspectives, transitioning to the early adult years, and considerations for future programming. Iowa funding procedures for special education are also discussed. (JDD)

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Bureau of
Special Education

Setting Our Agenda

Proceedings of the Iowa Conference on Futures in Mental Disabilities

EC 213532

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"To the children and families that we try our best today, yet strive for better tomorrow, we dedicate this document"

J.R.P.
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Setting Our Agenda

Proceedings of the Iowa Conference on Futures in Mental Disabilities

Stouffer's Five Seasons Hotel
Cedar Rapids, Iowa

February 28-March 1, 1988

Edited by

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University of Hawaii
Honolulu, Hawaii

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Iowa Department of Education
Des Moines, Iowa

Deb Brower
Mountatin Plains Regional Resource Center
Des Moines, Iowa

DIVISION ON MENTAL RETARDATION

February 19, 1988

Dear Participant:

You are about to have the unique opportunity to be involved in significant public service by participating in the Iowa State Department of Education's Futures Meeting in Mental Disabilities. As President of the Division on Mental Retardation of the Council for Exceptional Children, I am excited to see that the state of Iowa continues to be in vanguard of efforts in the country to provide appropriate services to individuals with mental disabilities.

CEC-MR has just recently hosted a national conference in Hawaii on Emerging Challenges in Mental Retardation. We had the opportunity to focus on issues that warrant the attention of professionals as we complete the 20th century and prepare for eventualities in the near future. Iowa's conference provides a parallel opportunity for your state to deal with the specific concerns that are critical to the futures of persons who are handicapped.

I consider myself fortunate to have been involved both in past conferences in your state as well as in the preparation of the two volumes of the Best Practices in Mental Disabilities series published by your State Department. Being thus familiar with the work done in Iowa, I'm confident that this meeting will provide a vehicle for reflecting on where we have been and considering where we must go. I wish you well with this working conference and look forward to having an opportunity to review the proceedings of the meeting and consider also their national implications for the emerging challenges faced within the field.

Sincerely,

Edward A. Polloway, Ed.D.
President, CEC-MR

EAP/bs

Preface

This conference on the current status and future directions of the field of mental disabilities in Iowa is remarkable. First of all, few states of which I'm aware are proactive in dealing with the issues facing the field of mental disabilities, most reacting *only* to pressing problems without ever promoting visionary thinking. Second, the composition and format of this conference are notable. It is gratifying to examine the list of participants and to see the diverse representation within this body. It is equally satisfying to see how the participants interact and what outcomes (i.e., recommendations and products) are possible. Third, the presentations and papers contained in this document underscore the important work that is currently occurring in this state. Furthermore, these papers are of such quality and importance that they will find an audience beyond the state line.

One of the major goals of this conference is to provide policy makers, executors of resulting policy, and consumers of this policy (i.e., practitioners) with an agenda for action for the next few years. Although the specific content of what is recommended by the participants of this conference may not coincide perfectly with everyone's personal beliefs, it does represent the aggregate thinking of professionals from various parts of the state who have been actively involved with and concern about students characterized as mentally disabled.

Most importantly, we need to be committed to the idea that innovation is necessary and that it must be encouraged. Iowa is on the cutting edge in many ways which is reason enough to vigorously fight complacency. The recommendations contained in this document will require the support and cooperation of all involved. Some of them will require changes that may be uncomfortable at first as they may conflict with existing attitudes, perceptions, and values. Knowing this should not prohibit forward movement; however, the outcome is up to those who are in settings where ideas can be implemented and change can be realized.

The remainder of this document presents the substance of what occurred during the sessions of this conference. The next section contains the major papers that address the "futures" theme, most of these were read at the conference. After each paper, a short reaction that attempts to highlight major points and relate these to the national scene is provided.

I am confident that the reader will find these papers engaging, valuable, and *food* for continuing discussion. Bon appetit!

J. R. P.

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The Participants

Randy Allison is a school psychologist working for Area Education Agency 7 in the Waterloo Community Schools. Randy is the Iowa state delegate to the National Association of School Psychologists.

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Dianne Bierma is a transition coordinator, work experience coordinator, and consultant for Area Education Agency 4 in Sioux Center, Iowa.

Robert Boone is the principal at Roosevelt Middle School in Mason City, Iowa.

Carol M. Bradley is the assistant to the president at Iowa State University. She was formerly the administrator of the Instructional Services Division of the Iowa Department of Education.

Deb Brower is the director of the Mountain Plains Regional Resource Center at Drake University in Des Moines, Iowa.

Tom Burgett is the assistant bureau chief of the Bureau of Special Education at the Iowa Department of Education in Des Moines, Iowa.

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Glenn Grove is the executive director of special education with the Loess Hills Area Education Agency in Council Bluffs, Iowa.

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Cheryl Henderson is a work experience coordinator with the Arrowhead Area Education Agency in Webster City, Iowa.

Ed Hunt is the assistant director of special education in the area of support services with the Mississippi Bend Area Education Agency in Bettendorf, Iowa.

Bruce Jensen is supervisor of school psychological services with Northern Trails Area Education Agency in Clear Lake, Iowa.

Melinda Jones is the multicategorical resource teacher for Willard School in Des Moines, Iowa.

Sondy Kaska is an attorney at law with Iowa Protection and Advocacy in Iowa City, Iowa.

Dorothy Klein is a student presently working on her elementary approval in mental retardation at the University of Dubuque.

Nancy Kodros is the special education project leader for the Cedar Rapids Community School District in Cedar Rapids, Iowa.

Jane Kornfiend is the chapter one reading teacher at Edison Elementary School in Council Bluffs, Iowa.

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Pat Otero is a special education teacher at Prairie High School in the College Community School District, in Cedar Rapids, Iowa.

James Patton is associate professor in special education at the University of Hawaii at Manoa, in Honolulu Hawaii. He is on the executive board of the division on mental retardation of The Council for Exceptional Children.

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Laurence Sargent is president-elect of the division on mental retardation of The Council for Exceptional Children. He is principal of Smouse Elementary School in Des Moines, Iowa.

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Colleen Sehr is a consultant for mental disabilities with Area Education Agency 6 in Marshalltown, Iowa.

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preschool with the Council Bluffs Community School District.

Joyce Williams is the director of special education for Ottumwa Community School District in Ottumwa, Iowa.

Stephen Williams is the superintendent of schools at Marshalltown Community Schools, in Marshalltown, Iowa.

Donna Wilkin is the director of curriculum for the West Des Moines Community School District in West Des Moines, Iowa.

Dee Ann Wilson is a consultant with the Bureau of Teacher Education and Certification at the Iowa Department of Education in Des Moines, Iowa.

John Wilson is a school social worker with the Arrowhead Area Education Agency in Rockwell City.

The Program

SUNDAY, FEBRUARY 28, 1988

6:00 p.m.	"Why we are here"	Greg Robinson
	"Where we hope to go"	J. Frank Vance

SESSION I: Regular education initiative

6:30 p.m.	"Regular education initiative and its impact on mental disabilities"	Carol M. Bradley
7:15 p.m.	Reaction panel & questions Facilitator: Deb Brower Panel: David Else, Daniel Reschly, J. Frank Vance, Stephen Williams	

MONDAY, FEBRUARY 29, 1988

SESSION II: National & State Perspectives

8:30 a.m.	"Mild mental retardation across the life span: Current and future considerations" (25 min.)	James Patton
	"Iowa response: Where we are now" (25 min.)	Greg Robinson
	Discussant: Marvin Lewis (15 min.)	
9:35 a.m.	Discussion Groups: Perception check-where are you and what are your issues? (25 min)	
10:00-10:15 a.m.	BREAK	

SESSION III: Transitioning to the early adult years

10:15 a.m.	"Current status of graduates of mental disabilities programs" (20 min.)	Patricia Sitlington
	"Strengths & weaknesses of our graduates as seen from the adult service perspective" (20 min.)	Pat Steele
	"Getting them ready" (20 min.)	Bob Miller
	Discussant: Dianne Bierma (10 min.)	
11:25 a.m.	Discussion Groups (20 min.)	
11:45 a.m.-1:00 p.m.	LUNCH	

SESSION IV: Considerations for future programming

1:00 p.m.	"The funding of special education" (25 min.)	Tom Burgett
	"Analysis of MD special class and self contained programs" (25 min.)	Ann Casey
1:50-2:00 p.m.	SHORT BREAK	
2:00 p.m.	"Assessment and legal issues" (25 min.)	Daniel Reschly
	"Ideas for future programming" (25 min.)	Laurence Sargent
2:50-3:00 p.m.	SHORT BREAK	
3:00 p.m.	Discussant: Ed Hunt (15 min.)	
3:15 p.m.	Discussion Groups (30 min.)	
3:45 p.m.	Adjourned (Evening discussion to begin at 7:30 p.m.)	

7:30-9:00 p.m.
Debate & discussion — Facilitator: Deb Brower

MENTAL DISABILITIES:
WHAT SHOULD THE DEFINITION BE?

TUESDAY, MARCH 1, 1988

SESSION V: Expanding the horizons to set the agenda

9:00 a.m.	"What I hope to find?" (20 min.)	Dorothy Klein
	"Where do families fit in our future?" (20 min.)	Deb Brower
9:40 a.m.	Discussion Groups	
10:15-10:30 a.m.	BREAK	
10:30 a.m.	Discussion Groups	
11:45 a.m.-1:00 p.m.	LUNCH	
1:00 p.m.	Closing Panel	Deb Brower, Facilitator
2:00 p.m.	Adjourned	

The Groups

Discussion Groups

Group 1
Randy Allison*
Linda Appleby
Harold Connolly
Dorothy Klein
Pat Otero
Laurence Sargent
Jan Turbes

Group 2
Bob Gallagher*
Ann Casey
Mardi Deluhery
Nancy Kodros
Jane Kornfiend
Steve Maurer
James O'Hare
Pat Steele

Group 3
Jeff Grimes*
Robert Boone
Sondy Kaska
Robert Miller
Deanne Olson
Lorna Volmer
Joyce Williams

Group 4
Glen Grove*
Tom Burgett
Julie Clausen
Deana Dayley
Sara Gill
Cheryl Henderson
Ed Hunt
Sylvia Piper

Group 5
Bruce Jensen*
Russ Hardgrove
Mindy Jones
Daniel Reschly
Mike Ruffing
Colleen Sehr
Martin Van Roekel
Donna Wilkin

Group 6
Joan Kuepper*
Dianne Bierma
Joan Clary
David Else
Larry McDonald
Deborah Nitzsche
Gwen Schleif

Group 7
Rick Lussie*
Esther Fields
Marvin Lewis
Linda McClure
Patricia Sitlington
Jacquelyn Stendel
Duane Wiechelman

Group 8
Joe Ulman*
Ruth Burrows
Peggy Cvach
Alan Frank
Paul Mann
Ruth McKibbin
J. Frank Vance

Group 9
Dee Ann Wilson*
Sandy Colberg
Nancy Friedman
Tete Long
Doreen Rick
Carl Smith
John Wilson

*discussion group leaders

How The Discussion Groups Work

1. After the presentations in Sessions II, III, and IV, a discussant will highlight the key points of each presentation which may warrant further consideration. Time has been allotted for the conference participants to then break into small discussion groups. Each discussion group will have a designated group leader and recorder.

2. During the first five minutes of the small group, members of the group should brainstorm what the issues are in that strand that need attention or more attention in the future. The remainder of the small group time is to be spent developing recommendations which may resolve some of the issues previously mentioned. **Prior to breaking up the small group, the entire group should select <u>three</u> issues in the strand they are discussing which they feel are of the highest priority for future consideration.** Discussion leaders are to turn in their summary sheets to the podium.

3. On Tuesday morning, when the small discussion groups reconvene, each group leader will be given summary sheets of issues and recommendations from all small groups from each of the three discussion sessions on Monday. Each member of the small group will receive a copy of the summary sheets.

4. The intent of the Tuesday morning small group sessions will be to review and discuss the summary sheets. Spending 25-30 minutes on each of the three strands previously discussed, members of the small groups should refine and define more clearly, if needed, the issues touched on in other groups. Recommendations for the future should also take on a more specific nature. **Before leaving each strand, the group each group should again prioritize the <u>three</u> issues with recommendations which warrant future consideration.**

5. With the remaining time left after refining the group's discussion of the previous strands, the group may wish to add further issues and recommendations not previously discussed in small groups (e.g., MD definition, family participation, etc.) **Prior to dismissing for lunch on Tuesday, each group is being asked to consider all issues and recommendations generated and <u>select the three major issues in mental disabilities overall which they feel warrant future consideration</u>.**

6. The closing panel on Tuesday afternoon will consist of the small group leaders sharing the priorities as determined by their groups.

The Papers

Why We Are Here

Greg A. Robinson

I have now been the consultant for mental disabilities with the Bureau of Special Education for three years. I have been back in Iowa for eleven years. Some of you in this audience I have known since my first day in the state. If I know you, you can be assured that you have had a positive effect on me in one way or another. If I do not know you, you have come so highly recommended by people that I trust, that it is only a matter of time before we become close colleagues.

Why a "Futures" meeting? I have no single response. My rationale for the project stemmed originally from watching the commercials of the computer company where the actors and actresses always say "What if . . .?" I mulled that phrase over and over as I drove across Iowa and finally started to think about this meeting. My thoughts basically centered around the concept of what if a meeting was held with representatives from different groups such as special education, regular education, administration, higher education, support services, parents, preservice students, and advocates to listen and discuss the area of mental disabilities. To here the results of our research efforts and analysis of our current practices and yet, have an opportunity to discuss with others what elements should be included as we set the future agenda for mental disabilities specifically and hopefully give some direction or focus to the total special education delivery system.

You have made that idea a reality. Look around this room. Over 75 individuals representing over 25 different areas of expertise. We are all starting at the beginning. Look at your name tags. Notice no name tags that say "Dr. so-and-so," or "parent of . . . " Only your name and town from where you came. It is through the papers and discussions that we have planned for you over the next two days that you will come together and find out about each other–sharing thoughts–agreeing on some and disagreeing on others–but communicating with each other nonetheless.

A little bit about the format. We have divided the meeting into five major sessions, plus one debate tomorrow night. Starting tomorrow each session will have 3-4 short papers presented on timely topics specific to the major theme of the session. After the presentation of the papers, a discussant for the session will comment on themes of each paper. It is the role of the discussant to separate and uplift certain positive and controversial points from the papers for you to consider. We have top notch discussants who are not hesitant to tell you what they think. Marvin Lewis, Dianne Bierma and Ed Hunt will prepare you for your discussion groups through their insight and thought-provoking comments.

Once in your discussion groups you will work with your discussion leaders in a structured format. I can tell you now, speakers will not feel they have had enough time to present and you will not feel you have had enough time to discuss. We want you to give us at the Bureau of Special Education a beginning point on which the future agenda can be built. Your discussion time is sequenced to the minute so take advantage of your time. These two days will be full of hard work, but I know you will become highly involved and invigorated by the process.

When this meeting is over, you will go home. In one month, I will write you and ask you if you still feel strongly about the issues for consideration that you generated in your group. After you send in your response the process of analyzing all of the information generated will begin. My hope is to produce a proceedings document for your review next Fall.

As a further check on our efforts, I have asked Dr. James R. Patton, from the University of Hawaii, to serve as an outside consultant and co-facilitator. Jim will be taking copious notes during the next two days as it is his responsibility to serve as the first author for the proceedings document. In that document, I have asked Jim to write reactions to the papers presented from a national perspective. I feel Jim is quite qualified to do this as he himself is a noted author and specialist in the area of mental retardation, has a pulse on the national perspective, and could be called a "futurist" due to the nature of his forward thinking. That's it. Let's get started.

The first two people that you will here tonight I respect very much. I could not imagine holding any discussions about our "tomorrows" without having these individuals involved. Prior to introducing our keynote speaker for this eve-

ning, Carol McDanolds Bradley, who will talk about the Regular Education Initiative and its impact on the area of mental disabilities, it gives me great pleasure to introduce to you a man I hold in the highest regard, J. Frank Vance, Chief of the Bureau of Special Education of the Iowa Department of Education who will make a few opening comments.

Where We Hope To Go

J. Frank Vance

I wish to extend to you, on the behalf of the Department of Education and more specifically the Bureau of Special Education, a very warm welcome and appreciation for your participation in this conference. I know it's asking a lot to shorten your weekend and bring you all out on a beautiful day to get right to the task of addressing some of the critical issues that we face in special education. Indeed we do value your willingness to participate with us. We look forward to this session in that we feel that this group of people which has responded to our invitation, represent ing diverse backgrounds and experience levels, has the potential of coming up with some strategies that will lead the way for service delivery in the years ahead, not only in the area of mental retardation, but across the board in all phases of special education.

Collectively, I think we have every right to feel very proud of our accomplishments in special education today. We could probably rest on those laurels for a great number of years and still be recognized as having a pretty fair special education program. But I don't think anybody in this room wants to just stand still and tread water in this all important area, particularly in view of the socio/economic trends that we face in our state. I think we have reached a plateau, as far as innovations that the current special education structure and finance system in our state will accommodate. If we are to move ahead I think we are going to need to deal with those special issues.

In looking ahead, wouldn't it be great if within the total spectrum of education, special education became a last resort, rather than the current situation, when it is looked at as the first resort to alleviate problems that are occurring in the classroom. I think we suffer from a separatism from general education. We had some money. We had some expertise. We asked to be of service to the problem children in the classroom, and I think we assumed the whole load. I think its time to look at reversing that trend to some extent. Not only have we lost the general education resources and expertise, but also to some extent the acceptance of general education faculty and administration of their responsibility for children with handicaps.

We've had, I think, too much emphasis on dollar driven placements. Our funding source is dependent upon a child specific count in generating the dollars. This has created, if you'll pardon the expression, some "bounty hunting" in that there is a fiscal advantage to fill classes up to the maximum size thus generating sufficient revenues to fund that program. In the future, would it not be great if the dollar was not the prime consideration in terms of placement of children but rather were there to back up the services that the staffing team decided needed to be brought to bear to serve those children requiring special assistance.

The referral and eligibility determination process has produced not only over identification, but intensification of the labeling process. Wouldn't it be great if we could serve mildly involved kids in the general education classroom and not have such identifiers as the labels that we currently give our children with special needs.

The dollar-driven approach that we have used has had a tendency to narrow the available program options and alternatives. We currently have five basic instructional options for special education children. Wouldn't it be great if we had an infinite number of options for children, so that the needs of the child dictated the characteristics of the program, involving all resources of the school as appropriate.

Rather than the heavy reliance on pull-out models as is currently the case, wouldn't it be great if the whole educational process for students with mild handicaps, at least, occurred in the regular classroom in a partnership with general education. We have a categorical-driven curriculum and a basic assumption that all children of one category need the same curriculum. Wouldn't it be great if the curriculum were devised for each child individually insuring that it was functional and age-appropriate and geared to the particular learning needs of that child.

Wouldn't it be great if assessment was based specifically upon each student's learning and social/emotional difficulties encountered in the classroom rather than upon norm-referenced materials. The current comprehensive evaluation process based solely on norm-referenced procedures has become very expensive and yields so little instructionally useful information.

Wouldn't it be beneficial if program evaluation was based upon student outcome data, based on each student's program in relationship to the student's ability to achieve rather than strictly on regulatory compliance issues.

Wouldn't it be great if parents felt they were truly partners in the development of their student's school program, and they had felt that they had meaningful participation in the IEP and in the staffing process. Legal confrontations have brought about many adversarial relationships, a great deal of emotionality, and certainly an expenditure of a great amount of program dollars. Wouldn't it be great if in a true partnership we could move toward elimination of those kinds of controversies to the maximum extent possible?

I think in the future we are going to have to look beyond the population that we currently serve. With the scarcity of resources we are going to have to absorb a role much broader than we heretofore have embraced in special education. You know the demographics as well as I do—teenage pregnancies, substance abuse, poverty, etc. Who is going to deal with those issues? Beyond Chapter I and special education funds, what significant specialized resources are there in the schools to provide for those populations?

The emphasis on "Excellence In Education" has particular meaning to us. If we don't get involved in looking at all children and the problems they bring to the learning environment, the educational emphasis is going to be on children at the higher achievement levels, and there won't be many specialized resources left for the rest of the population.

I am sure all of you have your own agenda ideas and issues that you want to add to the programmatic deliberations in our two-day conference. We are committed to address these issues, to move ahead, and prepare ourselves for the challenge of the 90's. I am confident this conference will serve that purpose. Thank you very much.

JRP Reaction

Frank Vance's opening remarks provide us with three major challenges: 1) to embrace innovation; 2) to be reminded of the heritage of our field which has given rise to the present state of affairs; and 3) to be aware of current forces at work in education which will have an impact on the field of special education. The State of Iowa is at the forefront of thinking on how to best provide for students with special needs as evidenced in existing practice and in the continuing efforts to provide the latest information to professionals in the field. Kudos are indeed appropriate for the range of school-oriented personnel (i.e., from state level consultants to classroom teachers).

Although Frank's major theme of being willing to change and try new approaches should be embraced wholeheartedly, it is also important to recognize the ultimate guideline which should serve to direct all of our efforts: What is in the best interest of those students whom we purport to serve?" All of the debatable issues related to identification, assessment, labeling, placement, funding patterns, and programming must be addressed in terms of this basic tenet. Sometimes this most fundamental issue is lost within the amalgam of reality.

Regular Education Initiative and Its Impact on Mental Disabilities

Carol M. Bradley, Ph.D.

This speech should more properly be called comments rather than a keynote. I will try to describe what I believe is happening in Iowa and how it might affect students with mental disabilities. I hope it provides each of you with at least one idea to ponder as you work the next two days to help chart a course for serving our students equitably and excellently.

We have a good system in Iowa and it has served us well. Our goal is to improve it, to refine it, to identify the soft spots, and shore them up. A major force in Iowa is that we, as a people, want to preserve a very delicate balance between the state's responsibility and a belief in local control. This delicate balance in education involves the state setting minimum standards to assure equal access to an educational opportunity, and providing leadership and technical assistance to those who aspire higher. Examples of setting minimums to insure equal access include standards by which schools will be accredited, standards for teacher preparation programs, special education rules, and an $18,000 minimum salary. A belief in local control of education means that decisions about individual students are best made at the local level. The state sets the minimums for all; it doesn't try to reach in and make decisions about individual youngsters.

Enrollment is declining in Iowa and will probably continue to do so in the near future. There is little evidence that the enrollment pattern is going to stabilize or increase. We have an out migration of persons of working age with children. Our live birth rates remain low and our population continues to gray dramatically. The proportion of "old old" is increasing very rapidly and the "young old" is also increasing.

Except for the possibility of an increase in sales tax, tax effort and capacity in Iowa is near the maximum. For the scarce dollars that are available, there is great competition among human services providers. Competition exists among the various education segments—prekindergarten, elementary, secondary, community colleges, higher education as well as with needs arising from health care, indigent elderly, child care, newly poor, and the correctional system. I believe that education has and will compete successfully for dollars that are available, but I also believe that funding for education will be accompanied by continued and increased requirements for accountability.

Accountability, I believe, will be measured in terms of success in succeeding environments. What the public and their elected representatives want to know is if we do this in prekindergarten, how do those youngsters do in elementary school? If we do this in elementary school, will it produce youngsters who do well in junior high, in high school, in post-secondary education, or in the world of work? Greg talked about having an IEP (for the state consultant) as a result of your work here these two days, a plan structured in terms of goals, objectives, and progress toward meeting them. This also could describe what's being discussed nationally and at the state level as a report card. The public is asking "what are you trying to do and how well are you doing it?" That kind of accountability demand is not going to lessen. It is going to increase and there is no patience with educators who say, "well we can't do that because the general public doesn't understand." If the public doesn't understand our measures of accountability then our job is to explain it to them, not to hide behind "they can't understand, they'll misinterpret."

Educators have recognized the absolutely critical nature of the parent education connection. We are beginning to realize the critical nature of the "community education" connection. There is discussion in Iowa right now about economic communities which are larger than one municipality or one county. I think we are going to see the same thing in education. We're going to look at education communities where the boundaries are more fluid, both within the state and among states. A good example in special education is the potential of cooperation at the School for the Deaf between Nebraska and Iowa. Sharing arrangements between and among local districts are examples of educational communities. The AEA is another example, and cooperation among AEAs is an even better one.

Declining enrollment, a student-driven finance formula, and the interaction between the two are causing such a fiscal strap for some of our

districts that they are reacting by reducing diversity in their curriculum. Ultimately, I believe, this creates school failures or falsely positive successes and definitely more students with mild handicaps. We have communities across the state who are convincing themselves, their students, the parents, and the communities that each student in that district is college-bound. Its like Lake Woebegone, in these towns everybody is above average. Government, business, industry, and labor leaders in the nation, and in Iowa, realize that the survival of our governmental system, our social system, and our economic system depends upon our children being better educated than ever before. Each child must become as competent as responsible, and as productive a citizen as possible. They know that in 1950 there were approximately 17 workers for each person on retirement, and that by 1992 there will be 3 workers for each person on retirement, one of whom will be minority. There is also recognition that competition in an international economy and maintenance of our standard of living will require that this future work force be skilled, thinking, creative producers of ideas, complex products, and services the world wants.

There will be no surplus population in those of working age in the very, very near future. Its already begun nationally, and we will feel it here. The good thing about this is all of our children have become valuable. People who used to talk about youngsters as our most precious resource as a cliche now know its an absolute truth. Each child must be educated to the highest level of vocational aspiration and citizenship as possible. If each child is to be educated and employed at the highest vocational level possible, that creates an opportunity for entry level positions as well as career positions for students with handicaps that never have existed before. For me there are two overriding goals for general education. The first is a zero dropout rate. In Iowa we have a very low dropout rate when compared to other states. It is two to three percent on an annual basis; but cumulatively, one of every seven or eight youngsters who starts kindergarten does not graduate from high school. That's not good enough now, and it certainly will not be good enough in the future.

The second major goal will be very familiar to you. It is for all of Iowa's students to demonstrate accomplishments which approach their potential. We can afford no less as a nation and as a state. If this becomes, and I believe it will, the prevailing attitude, then as special educators you can take "risks." You don't have to be so protective of the identification system, the delivery system, and the specification of the models of service. There needs to be, must be, a blurring of the lines between and among general education, college preparatory, vocational education, special education, and remedial and compensatory education. Federal laws in these areas are not as restrictive as the people who administer these programs would have others believe.

If you too believe that there ought to be a blurring of some of these lines, then you would agree that students are not one of anything. A student is not college bound, special education, vocational education, or only mentally disabled. A student is a student and what we must consider are all of the offerings that are available and match them in part or in whole to what a student needs at any given time.

Curriculum in general education is moving markedly away from memory of facts and into thinking, decision making, problem solving, ways to access and use information and facts, and inventiveness. It is characterized by a more holistic and less compartmentalized approach to curriculum, broader definitions of intellect, and new values of creativity and intuition.

Perhaps the most exciting development in general education is the study of the internal structures of education. There is now general recognition that basically education is organized on an industrial model for mass production. Bells ring and everybody does something at the same time. For the most part, it's still organized to create compliance with external structures and an adherence to time that was absolutely critical in the industrial revolution and in the periods around World War I and World War II. It also takes its administrative structure from the military. Neither of these characteristics, I believe, are appropriate now, and certainly are not going to be appropriate in an information age. They are not appropriate or necessary for preparing persons for the work they are going to do in the future.

There are some immediate signs that people are attending to this phenomena. One example is teacher participation studies designed to determine the role of educators in the future. What are the roles of teachers? Are there multiple roles for people called teachers? If you dare to evaluate, meaning assess and comment on a colleague's behavior, does that mean you have to automatically be an administrator? What are the appropriate roles for administrators? How should educational administrators be prepared? What kinds of skills must they possess? Do they require more group facilitator skills, more skills in consensus building, more skills in collaborative bargaining,

more skills in marketing and public relations?

Lastly education is a political process. It should not be a partisan political issue, but it is a political process. Educational policy is made by elected officials or by people appointed by elected officials. Education is administered by chief executive officers who are appointed by elected officials. It operates almost exclusively on tax dollars and it delivers a public service for common good. As educators we must understand this and be ready to help define the goals of the common good and describe alternatives for achieving them. If we don't someone else will. That's what is so exciting about what you are doing here for the next two days. You will be identifying the goals for educational programs for students with mental disabilities that will contribute to this larger common good and describing the alternatives, the objectives, and methods for reaching these goals. You will also suggest procedures and be willing to systematically look at how well you are doing in terms of proceeding toward those goals.

JRP Reaction

Carol Bradley has identified many issues of national and regional importance. I will focus this response on two salient themes which can be pulled from her remarks. The first point focuses on the political nature of education; the second one addresses the relationship of general education and special education.

Those who refuse to acknowledge that education can be a political battleground are fooling themselves. One need look no further than competency testing, statewide achievement testing, or ay of the popular movements of the day (e.g., Excellence in Education) to find political intrigue, power, and persuasion. Carol articulately describes the potential problems of designing our schools as if all students are headed to college/university campuses. Not only is this restrictive, but it will exacerbate an already problematic curricular situation that fails to prepare students for the demands of adulthood. The creation of secondary programs which are sensitive to diverse student needs and responsive to the probably subsequent environments of these students cannot continue to be only dreams. The political reality of educational proactice also mandates accountability. Up front there is nothing wrong with this notion; how it is implemented and how the results are used is what ignites the cautionary flares. Carol implicitly suggests that educators need to champion their causes, educate the public/community about what is good about schools and what they feel is important, and become wise to the political system.

The second major message raised in Carol's address requests more flexibility between general education and special education. More importantly, we must change our perceptions. We must move from looking at general and special education as two distinct entities to viewing all that we do as general education—some of us just work with students who require special attention. Furthermore, if special education is not all that "special" as some have indicated, then let us embrace more of what is attractive about general education. We must be cognizant of the literature on effective instruction. Furthermore, we should also examine a movement that has important implications for students with special needs: the adoption, development, and implementation of more integrative programming.

The last thought emanating from Carol's commentary suggests that states (in this case Iowa) need to support and tolerate innovative ideas at the local level. The message from the state level should be perceived as encouraging creative projects and inventive ideas.

Mild Mental Retardation Across the Lifespan: Current and Future Considerations

James R. Patton, Ed.D.

Good morning and aloha to all of you. It is an honor to be able to address such a distinguished and important audience at such an innovative forum. I would like to applaud the work of Greg Robinson and his colleagues for conceiving of and actualizing this event, and to thank Frank Vance and Tom Burgett for their support of this venture as well. Too often, state level consultants must devote most of their time to brushfires, leaving little or no time to strategically plan the fire lanes and cultivate the woodlands. My kudos to all of you as well for being willing to participate in this futures conference which has so much potential for setting direction for the field of mental disabilities in Iowa and possibly beyond your borders over the course of the next few years. The more time I spend in Iowa, the more confident I am that innovative thinking can lead to actual change.

I would like to share these thoughts with you as we embark through today's and tomorrow's activities. Two of these ideas focus on being *imaginative*. I have decided to introduce these two notions through quotes, as others have expressed the intent of these messages better than I ever could. The first idea comes from John Dewey:

> "Every great advance in science has come from one source—imagination."

I personally believe that much of what we consider innovative in education has had the same genesis. So I encourage all of us try to be imaginative these next two days. The second thought has been attributed to John Erskine and goes like this:

> "The body travels more easily than the mind; until we have limbered up our imaginations we continue to think as though we had stayed home. We really have not budged a step until we have taken up residence in someone else's point of view."

It seems to me that all of us will prosper from hearing differing points of view. You don't have to accept them, but I assure you that you will gain from attempting to understand them. This type of conference should identify and explore varying perspectives on topics with the objective of coming up with recommendations that can guide further examination, planning, policy, and ultimately practice. The third thought is a simple one, I'd like for all of us to keep in mind those students whom we serve and by whose best interests we are guided.

With this preamble accomplished, let me now turn to the topic which I have been asked to address: "Mental Retardation Across the Lifespan: Current and Future Considerations." When Greg first asked me to give a short presentation on this topic, I said sure—no problem. Now my reply is sure—but I have a problem. Simply stated—this topic could well be a 2-3 credit semester hour, long course with specific prerequisites (or consent of the instructor). As I prepared for this 25 minute presentation, I developed an interesting (or at least I thought so) matrix for conceptualizing this topic which included a stage-by-stage progression through the lifespan, highlighting the current state of affairs, a possible future scenario, and the educational implications at each stage. This was quickly abandoned when, in my wisdom, I realized that I might not even be able to introduce the matrix in the amount of time allocated to me. So, I've decided to be rather selective and raise some issues related to only two major questions. These two questions are:

1. Whom should we serve?
2. What should we do [you choose the preposition] with/to/for them?

Whom Should We Serve?

This is a topic that I know will be thoroughly explored at this conference, particularly in light of Iowa's unique criteria for mental disabilities. However, permit me to add a few thoughts.

There is no question today that great strides have been taken to provide services to infants, toddlers, children, youth, and adults who are more severely involved. Just look at the original provisions of PL 94-142, the more recent amendments prescribed in PL 99-457, and the resulting changes in practice. However, do not misinterpret my comments. Controversy still remains concerning this group (e.g., educability, segregated vs. integrated placements, organ donation from anencephalic neonates are just a few) but the neutral observer would have to affirm my original statement that progress has indeed been made.

This situation is different for those students with milder problems. Published statistics of students who have been identified as mentally retarded in school settings show dramatic decreases over the last ten years nationally—39% between 1976 and 1986. This drop relates directly to the mild group. Don MacMillan, Ed Polloway, Dan Reschly, and their colleagues have done much to rekindle interest and redirect attention to the issues related to this group. We are now cognizant that there indeed may be a "new" population of students with MIMR in many localities nationally—a group characterized by MacMillan as being "patently more disabled."

In Iowa this situation is different with the intellectual criteria set at one standard deviation. Yet it is this perspective, that of other states that also eschew the two standard deviation criterion, as well as the ramifications of the regular education initiative which lead me to speculate about possible directions regarding service delivery in the near future.

Iowa is already dealing with an identifiable group of students who are "at risk" for learning problems, school failure, and other pejorative outcomes. "At risk" students are receiving much attention throughout the country and with good reason. Statistics on the number of students who are pregnant, limited speakers of English, substance abusers—and the list goes on—must be taken seriously. The immediate school-based implications are exacerbated by concern about the type of person leaving our schools and entering the workforce and community. The pervasiveness of illiteracy and marginal competence in dealing with everyday living in our adult population affects us all. You might find it interesting to note that the U.S. Department of Education reports approximately 72 million adults fall into this group. I'll return to this topic shortly.

Those considered at risk include a wide range of students, many of whom would not be considered eligible for special education services under current regulations, but who need help nonetheless. On the other hand, you might say almost all disabled students are "at risk."

I draw attention to this group not only because it is currently a "hot" topic; but also because most of the issues affecting "at risk" populations pertain to students with mild mental disabilities. Furthermore, Iowa is already providing services to a group of "at risk" students who fall in that DMZ zone of education—that group of students whose intellectual levels fall between one and two standard deviations and who do not qualify for support services—and for whom many school districts are searching for ways to help.

What Should We Do *To/For/With* Students With Mental Disabilities?

First off, particularly as we begin to discuss the many issues related to this group, it seems prudent to reexamine the goals of our educational efforts not only in terms of today's demands, but also in terms of what society might be like 10 or 20 years from now. I suggest invoking a reverse-chronological perspective, working backwards from where we need to be to where we are now. We all know that educational innovation takes time to be implemented and ultimately institutionalized (e.g., transitional planning); therefore, it behooves us to plan ahead. Most of us are not card-carrying futurists but it might be helpful to act as such.

In January of this year at a very engaging conference on mental retardation which was held in Honolulu, Jim Dator, who is a card-carrying futurist, was asked to give the first keynote speech. Although many participants left his presentation convinced that his ideas about the future were outlandish and untenable, I am sure that no one left his presentation indifferent toward his remarks. One of his messages was that the society of which we will be a part in 20 years, God willing, will be very different from the one we now know. This, in and of itself, does not sound so surprising; but I challenge you to think about what society in 2008 might be like. Jim Dator jolted me into thinking about it.

Today we must reconsider how we are serving students who have mental disabilities and put this evaluation in the context of what we may need to do in the future.

Currently, programmatic changes are in evidence which are maximizing the transition of students with mental disabilities from school to community living. Note how community-based instruction is common today, how more ITPs/TPPs are being developed, and how supported

employment opportunities are being advocated over sheltered work settings. These are all good ideas—now—but will they be adequate in 10 years or 20 years? They may not be!

If mental retardation/mental disabilities is so affected by the social factors of a given time, then how will such individuals deal with an increasingly, more sophisticated, technology-based society. In a recently published document entitled *Workforce 2000* (June 1987), it was suggested that by the end of the century the majority of all *new* jobs will demand education beyond the high school level, requiring skills well beyond the basics of reading, writing, and calculating. We already see the reaction to this reality in the "Excellence in Education" movement. Add to this the fact that many less skilled jobs such as those in manufacturing, are being phased out and replaced by technological substitutes. As an example General Motors is already ahead of schedule in attaining their goal of decreasing the ratio of technical jobs to manual jobs from 1:5.6 today to 1:1 by 1992. Should we conclude that a bleak future may be in store for many students who are "at risk" for school failure and successful adult adjustment, including those with mental disabilities? Yes, no, maybe!

Now you might be thinking that there are positive aspects to technological advances such as electronic scanners at checkout stands in grocery stores, and you might argue this technology increases the possibility of employment for less capable individuals. I would say yes that's true to a point. Until these machines can handle items without UPC markings, make change, or deal with coupons, there still are problems for our students. More importantly, consider the other ramifications of this technology—it has eliminated a number of less skilled jobs such as the pricing of grocery items for which students with disabilities could be trained.

Clearly there is a need to think about what skills will be requisite for successful community living in the years to come. How about this scenario: competence in leisure skills may be more important than vocational skills. Not likely—think about it in the context of a society where the traditional work role is likely to be very different. Some futurists speak of a society of "nonwork." This may be a ways off, but it does suggest that we begin thinking about what is to come, specifically what types of existing and new jobs in the service sector might be appropriate.In an information-oriented society, it seems that knowing how to obtain information is more critical than keeping the information in one's mind. This thought provides a nice segue into a brief discussion of some critical issues in this area.

Ed Polloway and I have been championing the idea of comprehensive curricula for students with mental disabilities. Such a curricular orientation is sensitive to current as well as future needs. Problems with existing secondary level curricula have been well-documented by Edgar (1987) and Halpern and Benz (1987). We advocate the development of adult outcomes curricula that generate diplomas for students. We feel that if the courses associated with this type of curriculum are developed thoughtfully and creatively, students in general education will be drawn to them based on their overt appeal and practicality. At the elementary level, we advocate programming where subject areas are integrated with each other.

As has been stated previously, we must also pay attention to the growing and established corpus of literature on effective instruction. Furthermore, while we believe that curricular flexibility and innovation is desirable, we also see the need for classrooms that are well-managed, responsive to individual needs, and healthy places in which to be.

There is also a need to be more concerned about the fate of those students who are decertified. Follow-up studies should be routinely conducted. Furthermore, students who dropout or ageout should not be merely statistics and ultimately forgotten; they should be tracked if possible and encouraged to come back when the time is right.

I am very aware that there are many areas which I did not address; I apologize for that. I wanted to share with you some thoughts that are on my mind at this point in time. I truly believe that as we consider action plans for the future, we must look beyond next year or even three years hence. We must all be futurists in our own way–cards or no cards. We have a great opportunity at this conference to be practical and realistic about today's issues as well as visionary and imaginative about the issues of tomorrow.

Thanks for letting me spend some time with you and listening so attentively to my ramblings. Aloha.

Where We Are Now

Greg A. Robinson

In giving the "State of the State" message in mental disabilities I would like to talk about the major research project with which we have been involved and also make some comments on where I personally think we need to go in the future. We live in a state that has done a pretty good job of providing services to individuals with disabilities when we compare ourselves to other states. What is different about Iowan's is most of us, as we should, have a hard time being complacent. We all seem to want to improve ourselves and I think that is especially true of the people here at this meeting. Many of you have seen changes in your job roles and responsibilities involving persons with disabilities over the last couple of years. Some of the changes have been very positive while others have not .

Personally, the past year has been somewhat of a roller coaster ride. I have had the opportunity to see some excellent programming throughout our state. In the north and the south and the east and the west, there is excellent programming that we can hold up to anyone nationally. I have also had the opportunity to meet some exceptional administrators, both in special education and also in regular education.

This year I have probably spent more time providing inservice to regular educators than I have to special educators. My relationship with them has been both thought-provoking, anguishing, and gratifying. I have had the opportunity to be involved with programs accommodating students with mild disabilities in regular education programs. This will have significance for those of us who work with students with mild mental disabilities in the future.

I also have had the opportunity to be on the other side of the fence. To sit in my living room when a neighbor comes and tells me about a group home for the retarded proposed for the house next to his and wants to know if I would be willing to pitch in to try to get enough cash together so that the neighborhood can outbid the group home buyers for the property! More recently, I have had the opportunity to almost beg a parent to allow us to let us say their six year old has a mental disability because the child needs the service but the only way we can provide it is with the label. My zeal for doing this has drained over the past couple of years.

To get a handle on what we really were doing in our state we embarked on a very ambitious project a few years ago that was initially started by the Mississippi Bend Area Education Agency and the Department of Public Instruction. The participation of Lonny Wilson, Ed Hunt, Fred Weissenburger, Jim O'Hare, with the former state consultant for mental disabilities, Jim Gonwa, led to the development of the *Iowa Mental Disabilities Research Project*. The Project was recently completed through the assistance of Iowa State University—specifically Dan Reschly and Lorna Volver. The Project was developed to examine six critical issues: characteristics of students in Iowa MD programs, characteristics of their programs, characteristics of the IEP for students with mental disabilities, instructional techniques used in Iowa mental disability programs, teacher's priorities for change, and how support services were being used in those programs.

During the 1985-86 school year, 997 students were selected for study using AEA and mental disability program placements and stratification variables. This represented approximately a 10% sample of the students in our state. Extensive information was gathered on 707 or 71% of those students. Most of the information that dealt with identification came from reevaluation information so it was no more than three years old. The first area which many people associate with mental disabilities is the area of IQ. Now for those of you that are unfamiliar with intelligence quotients, an average IQ would fall within the range of 90 to 109 on most intellectual tests. However, for the sake of most discussions, educators usually say an average IQ is 100—except in Iowa. You need to remember that Iowa kids are smarter. Whether it is from strong leadership from the State Department or something as simple as corn fed beef, Iowa's school age average IQ over the past 30 years is about 109. That is why Iowa has established the greater than one standard deviation cutoff (<85) criteria for the intellectual potential for eligibility under the term mental disability.

The mean IQ for students in resource teacher programs was 77, ranging from a high of 85 to a low of 54. In a special class with integration the mean IQ was 71, with a range from 88 to 38. In the

self-contained special class with little integration the mean IQ was 64, with a range from 93 to 31.

As one can see, some of the program models, as implemented across the state, showed a great deal of variability and overlap. We did know that the self-contained special classes with little integration (2.2) programs were also serving students with moderate mental disabilities as well. So we went back and corrected for that and determined the mean IQs as follows: resource program 77, special with integration 73, and self-contained classroom 69.

One question that I have been asked a great deal is what would be the impact if we lowered the IQ cut off in our state to a point that is closer to that in other states? The impact, if we lowered our IQ to 81 would see our state decertify 17.5% of our kids. Lowering to 76 would see another 29.6 go back to regular education. Finally lowering the IQ to 70, which is policy in some states would see an additional 20.5% kids decertified. The impact in round numbers would mean a total of 67.5% or about 7,500 kids would no longer be identified. Now, I am sure that is exciting news for the Chapter I and regular education teachers in our audience today. And of course it makes one wonder that if our state did this whether or not other disability areas would see an increase in referrals over the next couple years!

We also saw that students classified as mentally disabled varied considerably in their performance levels in the area of academic achievement. The range of practices used to determine this information varied from the use of quite inadequate norm referenced measures to the use of well normed referenced instruments to the use of criterion referenced instruments. Fourteen and half percent of the kids in our sample had been given the Wide Range Achievement Test as the only measure of achievement. This test has been critiqued in the literature in terms of its diagnostic utility on par with the idea of using a "chainsaw for ear surgery." If this instrument has been popular within the area of mental disabilities, one can only pull up the covers and wait for the monsters to leave our bedrooms when we think of how it has been used in the identification of students classified as learning disabled. Sure the state LD criteria allows the use of the WRAT, but it has tables available for other instruments and procedures as well. And since when have we been so concerned with what the state rules say!

My major concern here is the range of practices. The challenge is to eliminate the use of poor or less thorough assessments of achievement and to increase the quality of assessment in the area of adaptive behavior as well. Although one or more adaptive behavior deficits were established for virtually all students on the same level, the assessment of adaptive behavior needs to be improved. The relationship between adaptive behavior and instruction needs to be enhanced. Interestingly, this area has improved greatly since the study was first done. We have seen the introduction of three more technically adequate instruments than were available at that time: the Vineland Adaptive Behavior Scale, the Comprehensive Test of Adaptive Behavior, and the Scales of Independent Behavior. But again, the use of one instrument is not the only thing that we need in the area of adaptive behavior. In our sample, 16.5% of the kids identified and eventually placed in programs had never had adaptive behavior evaluations done. This reality ranged from a low of 0% in some AEAs to a high of 51% in another. *Remember its the rule.* Twenty-four percent of the evaluations used a well-known normed instrument. Twenty-six percent used a lesser known instrument and 33% used a non-normed instrument. These non-normed assessments could have been any number of activities including observations or EBA (eyeball analysis). Although differences were found when we compared adaptive problems of students in resource vs. self-contained with little integration programs, little differences were found between resource and special class and special class and self-contained programs. What is striking is that it was not unusual to find no goals in the student's IEP that addressed adaptive deficits. This has significant implications. If it takes an adaptive behavior deficit to qualify for programs in mental disabilities, how did these students get in, and how can these students exit from these programs if we don't have goals to remediate those deficits?

These comments tend to point to teachers as if they are remiss in their jobs. This is not the major intent, rather practices utilized by all of us including support staff are in need of review. If the evaluations and the reports that consultants, psychologists, and social workers are writing are not practical and understandable to teachers, then how can we expect teachers to implement specific recommendations into individualized education programs?

One final note on the area of identification. Although the number of minority students included in the sample was too small to justify any generalizations, there was a trend towards overrepresentation of minority students in programs for students with mild mental disabilities. Now, as Dan Reschly has taught me carefully, minority overrepresentation does not itself constitute bias, yet we need to carefully analyze what we do

and why.

In terms of programs and placements, utilization of the three programming options varied dramatically across our state. The state average for the use of resource teacher programs was 26%. The range was 9% on the low end to 43% on the high end. For special class with integration, the average was 57% ranging from 26% to 69%. The average for self-contained programming was 27% ranging from 4% to 59%. When we looked at combining the two special class programs together, further analysis revealed that about 75% of the kids in the sample were located in one of these programs. However, we found that by combing those two programs we still saw the range: 57% on the low end in some areas and up to 91% on the high end. Therefore, it appears if you meet the criteria of mental disabilities in Iowa, you can be most assured that you will wind up in a some type of self-contained program, regardless of your functioning level.

Sixty-six percent of all our students with the label of mental disabilities are being served in categorical MD programs while 31% are being served in multicategorical programs. Looking at these programs individually we find that if a student was in a resource program, 70% of the time, the program would be titled "multicategorical." At the special class level it was just the opposite with 69% of the programs being a categorical MD program. At the self-contained level, 96% of the time it would be a categorical MD program, which isn't bad considering it is against the rules to run a multicategorical program at that level.

One of the clear differences between programming has had to do with the loss of instructional time due to transportation arrangements. It is true that Iowa is a rural state, but in the resource teacher program we found very little time was lost to transportation. This was contrasted by students in special class or self-contained programs where 30 to 40 percent of the students lost an average of approximately 40 minutes per day due to transportation arrangements. This would calculate out to approximately 1 1/2 years for a student who was in special education all of their educational careers. These transportation arrangements most likely involved moving students from home school districts or neighborhood schools to other locations where the more specialized special class programs are available. For no other reason, this fact would support those who favor more non-categorical programming so that a student could be served in resource or in their home schools which would reduce the loss of instructional time.

Extensive examination of the individualized education programs indicated clear differences between resource teacher programs and the special class programs; however, there was not such a significant difference between the special class and the self-contained program. This finding has implications for funding as the self-contained programs will generate approximately $1,600 more per student. It has implications for serving students in the least restrictive environment. What opportunity do these kids have for being returned to the mainstream. It has implications for student/teacher ratios. If there is no difference why do we have the lower student teacher ratio with the self-contained program? It also has implications for the type of programs the kids receive. Is it just more of the same or are there truly differences? Because of these findings, we decided that more information was needed, therefore the follow-up study to the *Iowa Mental Disabilities Research Project* was initiated. In five AEAs we conducted an observational study which is the subject of Dr. Casey's paper.

One of the clear differences between resource and special class models has to do with the amount of time devoted to career and vocational objectives. Career/vocational objectives constituted only 5% of the time in resource settings and approximately 11-13% of the time in special class and self-contained programs. By the age of 16 and over, approximately two-thirds of the students in programs had been assessed to clarify career interests and determine vocational skill levels. This leads to some good news/bad news. The good news is two-thirds got it. The bad news is one-third didn't. What are we preparing this latter group for? Is it just to get them to junior high or high school? Should we not be preparing them for the rest of their lives, including the portion of their lives they will live when they finish their schooling?

When teachers were asked to respond to an extensive list of instructional techniques it became clear that the principle differences between special and regular education appeared to be in the realm of individualization. Special education instructional techniques placed greater emphasis on the following dimensions: maintenance and generalization of skills previously taught, concrete experiences with academic goals and materials, systematic individual rewards for correct performance, extra time for completion of assignments and use of alternative means to demonstrate skills. Differences, although slight, were found between resource and the special class programs, but no differences were noticed between

special class and the self-contained class with little integration.

There was considerable agreement concerning priorities for change among teachers in the three placement models. The number one priority for change across the three different program models was to increase regular education teachers knowledge of special education students. Although there was some variation by model overall, the additional priorities for change included increasing home support, increasing career vocational learning, providing more appropriate teaching materials and core academics, decreasing the number of students in class, increasing social skills training, improving graduation requirements, and increasing teacher's knowledge of MD learning patterns.

Almost as noteworthy were those areas which were not a priority for change. They included: more appropriate teaching materials (also a priority) and noncore academic areas, decreased busing time, increased computer availability, increased use of paraprofessionals, increased use of behavior management techniques, and incredibly increasing students' integration into regular education. Let's prepare those teachers for it, but when it comes time to go, maybe we should be a little more hesitant. Maybe we are scared of failure just a little bit. Maybe we need to keep them just a little bit longer and then we'll put them out on *trial*. Now as you realize, we have many teachers across the state which would not advocate for this policy. But I think for you people here today, it is important for you to hear what the state perspective is in terms of the big picture.

Teachers were asked to evaluate the support services provided to students, teachers and parents. Support services typically are provided by consultants, psychologists, and social workers. The findings indicated that current support services are regarded as effective by teachers, the amount of support services provided to teachers is adequate, and increased support services need to be provided in the form of counseling students with mild mental disabilities.

Now by giving you this brief overview of the study it sounds like I have picked out all the negative things. I have. That's what I'm supposed to do. That's why I am the consultant for the State. However, I think as we look at the positive things, one of the things that we need to do is note that our criteria for identification is working. With the exception of one little boy, we have found that most of the kids that are placed in programs for students with mental disabilities are done so appropriately by our rules. It is the outcome of these programs that we need to look at for the future.

Is special education a sentence? Is it a service? The future issues which I would hold up to you for discussion today would be our label. It needs to be examined. We have seen states across the country change the second word in the label —mental "disabilities"—mental "retardation"—mental "impairment." We rarely see anyone change the first word—"mental." When I grew up when you heard the word, mental, you were talking about people that lived at the County Home. When you say that word to a parent, from that point forward things kind of get turned off. It is true that these kids need assistance, but do they need to carry that label? I think the kids do need help, but so do thousands of other at-risk kids in our state. I am not sure that by being selective we send the message that we intend to these kids, their parents, and families in terms of what we are really good at doing.

I am convinced that the support people in our state are well-trained and qualified to deal with some of the problems of at-risk kids. I think support service personnel should be able to see any child that is at-risk in our school programs. However, I am not sure that special education should always take the responsibility for providing the instructional program for these same kids. There needs to be a compromise. We need to have an inner working agreement with remedial education and regular education. I was serious last night when I said as we look to districts around the state that we are finding more districts dropping their lower track programming and their consumer or career-oriented subject areas. We are running out of places to mainstream students. At the same time, regular education and Chapter I teachers are also being faced with a new at-risk population, some of whom would probably be gifted in some other states.

So the idea is that as we work, as we see the Excellence movement gain momentum, and as we see the regular education initiative played out, we are seeing changes that affect our population. I am not sure, but is special education becoming more generalized and regular education becoming more specialized? What would be your thoughts? Which is the way we should go? Who should be responsible? How should we provide our assistance so that we can still provide the services that the kids need, but do it not only in least restrictive environments, but with least restrictive language?

In terms of our instructional programs, it is pretty clear that there are few differences between special class with integration and self-

contained with little integration programs. Our program models are restrictive. That's been good when we look at some of the actual content that's being delivered. We are seeing some academic-type programs in special class programming, but keep in mind that in our state, we have students who are in self-contained programs who would not even be in special education in other states. Are we close to the point where we are seeing referrals to special class and self-contained because Johnny doesn't fit into the reading group in resource? Are we seeing regular education referrals now ten years later in our special education programs?

There are two final points that I would like to address. The first focuses on the question of what are we preparing our students for? I don't think the question is academic versus functional. I know that's gotten a lot of press. I guess, we need to get beyond that. I think many of the things we do in our programs for students with moderate mental disabilities we should do with regular education. I think we need to examine exactly what are our goals. Is it the next grade? Is it for life after school? Who should be involved? We've talked about involving parents, but have we? And is it just parents? Should we not involve families?

The second point relates to the question of who are our clients? We are mandated by law to provide services to children, but isn't it bigger than that? Whoever we serve, under whatever definition we have, and under whatever label there has to be a better connection between assessment, program intervention, planning, and instruction.

Finally, there is one topic that requires attention, but about which little has been done. It involves students who are being called in the literature and in some of our hospital clinics as the children with a dual diagnosis. This is a student who has a mental disability but also displays significant behavioral difficulties. I think Carl Smith best put this into words when he said that we are in search of an "anger controlled curriculum" for students who are also language disabled and cognitively impaired. I am just not sure that we're allowing our teachers to go into the classrooms with the knowledge and competencies that they need to handle this type of student.

This all sounds very frustrating, but in 25 minutes I wanted to pick not just the good things—you know you are doing good things—that's why you were invited. More importantly, I want to solicit your help in resolving some of these areas where things could be better.

Just about the time when I think I have just about had it and really just want to throw in the towel, something very significant occurs. I would like to share with you a couple of things that have happened to me lately.

I had the opportunity last week to speak to the Up With Families group in Des Moines. This is an assembly of parents who have in common the fact that each set of parents has a child with a disability and also a child who is not disabled. I have done this two years in a row, and what's really interesting is to have those nondisabled brothers and sisters come in, in front of their parents, and have them talk about their brothers and sisters with disabilities. It is reassuring to know that although their little hearts yearn for their brothers and sisters to be good playmates, they can tell you very quickly and very effectively what is wrong with their brothers and sisters, and they can tell you what their sibling with a disability can do that's positive. We need that, and that's not in books.

The other situation is much more personal. A few months ago I was in a shopping mall with my family. This is probably one of the favorite places I like to go, right next to a laundromat. We had a few minutes to waste. So my five year old and I went to one of these fast food places, which I have been accustomed to eating at since working at the State Department. Tim was standing right next to me. In the line next to us was an individual who was possibly my age and who was in a wheelchair. Moreover, from years of being in the field, I knew that the person did have a mental disability from the way that she was reacting. Tim was looking pretty hard at this person, and I was just about to use this as that critical moment to talk about staring, when all of a sudden Tim kind of looked at me and kept looking back at this person. It was your typical situation—people were just going ahead and cutting in front of the person in the wheelchair, and ordering their food and the person didn't say anything. My son, who has just been drilled in not talking to strangers, breaks away from his Dad and runs over to the person in the wheelchair and says, "You shouldn't let those people budge in front of you," and then Tim came back over to me.

I waited for him to tell me about the person in the chair and what he had said, but nothing happened. Pretty soon, when I could no longer resist, I finally leaned down and said, "Tim, did you notice something different about that person over there?" Tim said,"Well, uh she had a chair with wheels, that's a wheelchair. That means she can't walk, but she still shouldn't let people budge in front of her. Can we order our ham-

burgers now?"

Now, if what we do really makes a difference, it will be with the kids like Tim. Because they tell our message for the future. They tell the message to their classmates, they tell them to the adults they are around, and they are the ones that can make a difference. If we start early in the process and make kids and families more aware of what is going on, maybe the distinction between what one group is and another group might not be as big. It will still be there, but maybe it just won't be as marked.

What's interesting is that when Tim goes to school and sits in his classroom, many of the kids in that classroom will be future doctors, lawyers, teachers and most of them will be future parents. Some of those future parents will be parents of kids with disabilities. I guess my hope and my mission for the future is to get as many of the Tim's informed as possible so that they can help me. I hope you will share in this mission. Thank you.

JRP Reaction

Greg's "State of the State" paper highlights not only his observations of what is happening in Iowa but underscores many issues facing the field in general. Like Frank Vance, he also encourages us to not become "complacent" even though Iowa is considered a leader in many ways.

Greg's review of the *Iowa Mental Disabilities Research Project* suggests that continued reexamination of current practice is necessary. The findings raise questions regarding the assessment process, placement, curriculum, and student outcomes. Some very interesting changes are occurring in the school identified population of students considered mentally retarded. Between 1976 and 1986 this group decreased approximately 39% nationally with considerable state by state variations. My inspection of data for Iowa through the 1985 school year indicates very little change in this population. Nevertheless, changes in Iowa's criteria for mental disabilities could alter this stable scenario.

My reaction to the placement findings extends beyond simply where these students are placed to the more important question for what happens to them in these different settings. Concern for how much time is allocated for instruction, how much time is spent actively engaged in learning, and what exactly are students learning become more meaningful topics.

The relationship between general education and special education keeps surfacing. It was identified as a top priority. It seems to me that the variables that were found to discriminate between these two entities should not have. To me, these characteristics are components of effective instruction regardless of the setting. I do not hesitate in recommending that this relationship be cultivated but in so doing, let us not forget the interests of these students with mental disabilities. To date, the literature and debate concerning the "regular education initiative" fail to address the central issue of what should students be taught (i.e., curriculum). Greg discusses the need to look at subsequent environments and to provide programming that addressed such.

Two other points in Greg's paper are important. The problems associated with students who are both mentally disabled and behaviorally disordered are plentiful ranging from personnel preparation to service delivery. This dilemma is a national one, as there is only now more attention being given to this subject. Teachers are not well-prepared and schools are not well-suited to deal with this type of student, and there are more of them all of the time. This is certainly a situation where the teamwork of professionals from the mental health and educational fields is indicated. Unfortunately, for a number of different reasons, effective working relationships are not always possible.

The last theme which Greg discussed had to do with engendering positive attitudes of kids who are not disabled about kids with mental disabilities. It really is a subset of what Carol Bradley referred to as "community education." To accomplish this goal, it is very important that we champion two ideas: the inclusion of a "disability" curriculum in the general education program and opportunities for regular contact between these children (i.e., special friends).

Current Status of Graduates of Mental Disabilities Programs

Patricia Sitlington, Ph.D.

I want to provide you with an overview of some of the results of the follow-up study that we are currently involved within the State of Iowa. I particularly want to focus on those results in terms of individuals that are labeled mentally disabled. As many of you know, we are in the middle of a five-year follow-up study of special education graduates and dropouts in the state. In the summer of '85 we surveyed 50% of the special education grads and dropouts after they had been out of school one year.

During the summer of '86 we did the same thing with the class of '85 after they had been out one year. Last year we added a third group who had just been out of school a year, and we also went back to the original group and picked up half of the original sample. These particular data are now being entered in the computer; I think it will be some of the most interesting data, because these are individuals who have been out in adult life for three years. This summer we will be reviewing the class of '85; they will also have been out of school for a period of three years.

What I am going to be presenting to you today is primarily information from Group 2 (See Table 1); this is the class of '85 that was surveyed the summer of '86. I'm picking this particular group for a couple of reasons. First, the results from this group are very similar to data collected in Year 1 of the study. Secondly, we have a much better return rate on this second group, and we also gathered some additional information not gathered during the first year of the study.

I might point out that this is a project that is funded through the Iowa Department of Education, Bureau of Special Education, using P.L. 94-142 funds. It's also a cooperative venture with personnel from the University of Iowa who help us with data analysis and data entry.

The other extremely important parts of the study are the task force members and the interviewers out in the AEAs. We're unique, I think, in that we have a decentralized process. We work as a task force to come up with the questions to be asked and the interviewer training procedure. The actual interviews and a lot of the decisions on how the study is going to be conducted come from the field. As project director, I monitor the data collection process and work with the University of Iowa in analyzing the data interpreting the results.

Just to give you some basic idea, in the first year of the study we were able to get interview information on 66% of the individuals that we went after. In year two, we were able to get interview information on 80%, which is an excellent return rate. A vast majority of those were in-person interviews. So when we talk about the data, we have high generalizability for the major disability groups because we were able to contact such a high percentage of the individuals that we sought. In particular, for the mentally disabled, we reached 83% of our original sample in Year 2; remember our original sample was a random sample of half of the graduates and dropouts of '85.

As far as a total sample, 35% of them in Year 2 were mentally disabled, 52% were LD, about 9% were behavior disordered, while the remainder was comprised of low incidence populations. With respect to MD, the breakdown was fairly similar, I think, to the current statistics we have out in the field. I think it relates very closely with what was found in the MD study in terms of the placement of the individuals. About 48% of the individuals with MD who were interviewed were in self-contained with integration classes, 24% in resource programs, about 22% in special class with little integration. In addition around 6% were in totally self-contained classes.

Table 2 presents information on the academic functioning level of the total group and the indi-

TABLE 1.

Iowa Follow-up Study

	Year 1 (S, 85)	Year 2 (S, 86)	Year 3 (S, 87)	Year 4 (S, 88)	Year 5 (S, 89)
Group 1 [83-84]	X		X		X
Group 2 [84-85]		X		X	
Group 3 [85-86]			X		?

TABLE 2.

Academic Functioning Level

Year 1 (Class of '84) Total Group

	Mean	SD	Range
IQ	85.9	(16.0)	20-115
Reading GE	6.4	(2.6)	.2-13
Math GE	6.5	(2.5)	.2-12.9

Year 2 (Class of '85) Total Group

	Mean	SD	Range
IQ	85.6	(16.4)	20-139
Reading GE	6.1	(2.5)	.1-12.9
Math GE	6.5	(2.5)	.1-12.9

Year 1 (Class of '84) Mental Disabilities

	Mean	SD	Range
IQ	70.7	(12.7)	32-106
Reading GE	5.1	(2.2)	.2-13
Math GE	5.0	(1.9)	.2-12.6

Year 2 (Class of '85) Total Group

	Mean	SD	Range
IQ	70.5	(12.7)	24-94
Reading GE	4.9	(2.1)	.1-12.9
Math GE	5.1	(2.0)	.1-12.9

viduals that are labeled mentally disabled. Data from both Year 1 and Year 2 of the study are presented. Partly because we have such a high cut off for mental disabilities, our average IQ for the total sample was about 86, in both years. We have a basic standard deviation that would go with the major IQ tests, but a wide range, anywhere from 20 to 139. Reading level was high—around sixth grade (6.4)—math level was 6.5 in Year 1. Those interviewed (i.e., Year 2) had an average reading level of 6.1 and a math level of 6.5.

For individuals labeled mentally disabled, the average IQ was approximately 71 with a wide range of variance. We have one individual that was recorded with a 106 IQ. (He/She had a low adaptive behavior score.) These data were taken from the individuals' most recent test results in the school records. Individuals with mental disabilities averaged around a fifth grade reading level and around a fifth grade math level, but with a wide range from .1 all the way to a few individuals who scored at the top of the reading and math scores. So, we have a fairly high functioning group of individuals with mental disabilities.

Information on Education

One of the areas we examined was enrollment in regular vocational education. As Figure 1 indicates, 17% of the individuals with mental

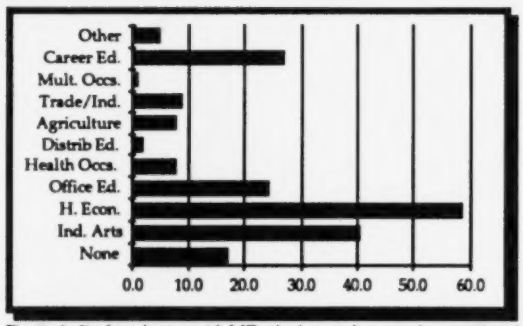

Figure 1. % of graduates with MD who have taken regular vocational education classes.

disabilities received no regular vocational education while they were in school.

Now if we go down the line a little bit, about 41% have had industrial arts and about 59% had home economics. We have to remember, however, that those are introductory level courses. They are Home Ec I and II or Woodworking I, Woodworking II. They are not the advanced skill level instruction that prepare individuals for specific employment.

We also asked individuals if they have had any education or training since high school. As Figure 2 indicates, 75% of individuals labeled

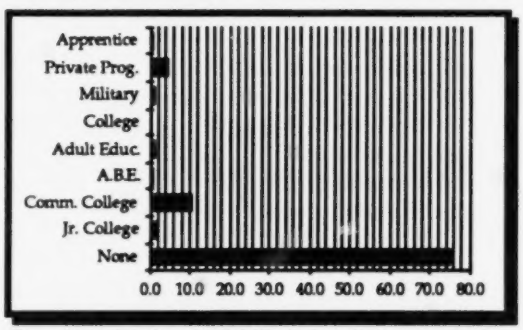

Figure 2. % of graduates with MD who have had some eudcation/ training since high school.

mentally disabled had no training since high school. So if we convince ourselves that "we do not have to teach a certain topic while they are in school, because they can get it when they leave school," we better wise up. That's not happening for MD kids. A few had received post secondary training, with approximately 11% having had some type of training at a community college.

Employment

We also asked if they were currently employed. Of the total sample, 67% of the individuals we interviewed were employed, which is not a bad rate—fairly comparable to a number of other states that are doing follow-up studies. In this particular statistic, MD kids don't fair too badly. Sixty-three percent of them were em-

ployed. Of course you would expect a higher percent of employment for LD and 73% of them are employed. Interesting, however, only 5% of individuals with behavior disorders were employed.

We can also look at a category called "otherwise engaged"—I call them "legally unemployed." Ten and one half percent of the MD group were "otherwise engaged," they were either homemakers, students, or in job training. Basically, 73-74% were either employed or "legally unemployed." If we look however, at the number of hours they were employed then I think we have to be a little more cautious and maybe not quite so self-congratulatory.

As Figure 3 indicates, of the individuals with MD that were employed, only 37% were employed full time. The majority of MD kids, around 48%, were employed part-time (21-37 hour timeframe). Now this is somewhat influenced by the conditions of our economy in that a

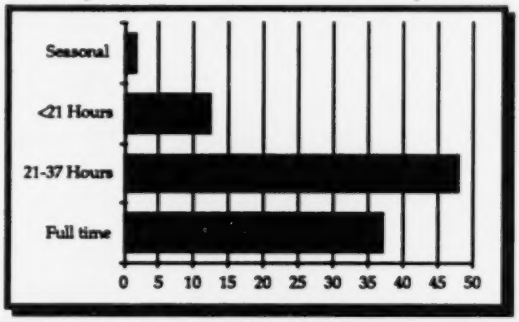

Figure 3. % of graduates with MD and the hours they are employed per week.

number of employers do not want to hire people full-time since they have to pay benefits. So this is a case where we really want to start examining the data for individuals without disabilities for comparative purposes. It is interesting to note that of the 63% of MD kids employed, only a little over a third of them were employed full time.

We also looked at where they were employed (see Figure 4). Of the MD individuals employed, 69% were competitively employed in the community. They may have been subsidized through

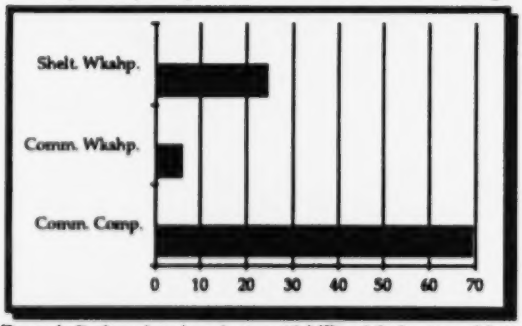

Figure 4. % of employed graduates with MD and the location of their jobs.

the Job Training Partnership Act or Vocational Rehabilitation, but they were in the community in a competitive job. Another 6% were out in the community through programs that were run by rehabilitation facilities. Nearly 25% of the individuals, however, were in sheltered workshops. So again, when considering the 63% who were employed, one must recognize that only a third of them were employed full time and about a fourth of them were in sheltered workshops.

We also looked at the status of occupations of these individuals using some of the ongoing classifications that other studies have used, and basically all of our individuals with disabilities, not just MD kids, were in the lower status occupations. It is important to remember that these individuals have been out of school only one year. This will be one area that we really want to investigate with individuals that have been out three years, to see if time and experience improves occupational status.

Wages

One can make reasonable predictions here based on the occupational data presented above. Year 2 gives us our best information because we collected it by hour. It was found that the average wage for an individual with mental disabilities was $3.09 an hour. This compares to $3.97 an hour for BD and $4.41 an hour for LD. We will be further analyzing these data in terms of individuals who are employed out in the community versus ones that are employed in sheltered work, as the sheltered work probably reduced the MD figure.

We also looked at a couple of indices of upward mobility for individuals that were employed, both in Year 1 and Year 2. We asked the individuals if they had had an increase in wages since they were hired. In Year 1, 44% of the MD individuals said "yes." In Year 2 around 33% responded such. We also asked if they had received a promotion. Herein is found some encouraging information: between 13% and 15% of the individuals in our MD group had been promoted on the job, so they are climbing up a little bit.

Living Arrangements

We looked at a lot of other issues that I won't be able to share with you today, but one of the things about which we were very concerned was living arrangements. Now if you look at the number of hours they are working, the amount

they are making, where would you think they would be living? At home. This was true for all populations. This is one area where the MD subgroup and the LD subgroup were extremely similar. As Figure 5 indicates, around 65% of the MD individuals were living with their parents, and 16% were renting. We also have a few in

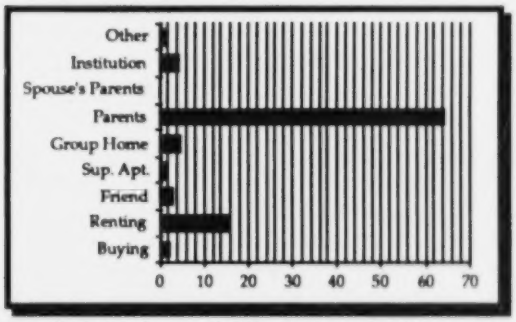

Figure 5. % of graduates with MD and what are their living arrangements.

supervised apartments and group homes. The living arrangements information is one that tends to vary by geographic area. Part of that is based on the availability of group homes and supervised apartments. This information again will be interesting to look at longitudinally.

We also asked them how much of their living expenses they pay? Fifteen percent of the individuals with MD said "all." Thirty-five percent said "less than half." Forty percent of the individuals paid none of their living expenses.

We also asked them who helped them get their job (see Figure 6). The total sample used self, family, or friend network. MD individuals differed in two or three areas. Fewer of them used

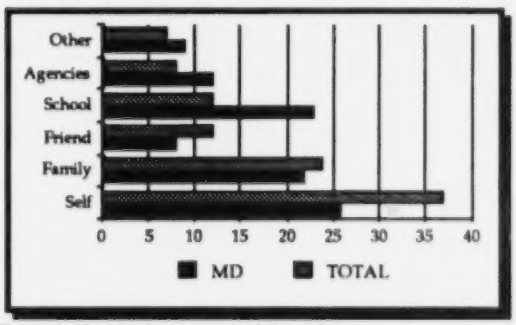

Figure 6. How graduates acquired their jobs.

themselves to get a job and more of them used the school. We do have more MD individuals involved in work experience programs. A few more of them also used adult service agencies. MD and BD individuals both were a little lower than the LD in terms of using friends to get their jobs.

What has been shared in this paper is some of the data that we have gathered. There are more questions than answers. (I don't have answers, all I have is questions.) The question for future consideration is "are we satisfied with these results?" Do we feel we are doing a good job? Where can we improve? What else can we be doing? Very briefly, as mentioned before, there is a task force member from each Area Education Agency that's involved with this study. I would encourage you to contact that person to get information on data from your AEA.

JRP Reaction

The study reported by Pat Sitlington highlights a number of issues related to the transition of students from school to community. First off, it is worth commenting on a few features of the study itself. The return rate for this research was amazingly high, especially for the year two sample. Second, it is important to be cautious when comparing these results with those of other states as students with mild mental disabilities in Iowa are defined quite differently. However, the average IQ of this group is 71 which does not differ too much from what is found in other locations. It is interesting that one of the students had an IQ of 106!

The findings related to education are noteworthy. Few of the students received further training since high school. Couple this information with the fact that many students have received only introductory level coursework and we realize that many students will find themselves without any real vocational skill which they can utilize.

The employment figures accentuate the need to read beyond the initial figures and examine more closely the number of students who are working full-time, not just how many have jobs. Nevertheless, it is important to value part-time employment as well. Unfortunately, it is very difficult to make it these days making minimal wages and only working a few hours per week. Another dimension which is important to consider is the longevity of employment as this type of study tends to take a snapshot of what is happening now. The finding that 25% of this group works in sheltered settings suggests that more work needs to be done to reduce this figure.

The living arrangement data are similar to findings in other parts of the country, indicating that many of these individuals live at home. It is interesting to note that families in general are seeing more young adults living at home. As noted by Pat Sitlington, the type of arrangement varies according to the community setting in which one lives.

Strengths and Weaknesses of our Graduates from the Adult Service Perspective

Pat Steele

As I look out over this audience, I feel a little bit like how one of the early Christians must have felt when they were fed to the lions. There are two adult providers here today, myself, and the other being Ruth Burrows, although she has a broken arm and not going to be much help. So, I am not going to come in and say it's all your fault, because certainly it isn't, and my better judgment tells me not to. These follow-up statistics (Pat Sitlington's) are of concern, and I'm going to give you some more here in just a minute which I think will bring the problem even a little bit closer to home. It is not a problem just for education. It's not a problem just for adult providers. It is a problem for everyone. The unemployment rate that you've seen here is unacceptable. We spend in this country about 8% of our Gross National Product, and I don't know what that would represent albeit, I am sure billions of dollars, on support programs for people with disabilities (i.e., Social Security payments, vocational training programs). This is an incredible amount of money, and it's a lot of tax dollars going out every year. It represents a problem the country must come to grips with as a whole.

Let me tell you about what happens to your graduates if they come into our program. I think we are a fairly typical agency in that we operate an employment program which has a work activity center, sheltered workshop, and adult day care programs. When your graduates come to our program–work in our facility–for example in the work activity center–they are going to make 60 cents an hour. We're going to collect about $3,200 per year from the State of Iowa to provide training for that individual. Now we'd be much better off if that individual just reported to us once a month and we gave him a check for what we were getting for training than to have him work for a year to make somewhere around two to three hundred dollars. That's a terrible situation.

In adult day care program, it's even worse. The average wage there is around 56 cents an hour. Fifty-six cents an hour. Maybe if we were in Haiti that would be a good rate of pay, but certainly not in our country. We're going to collect around $5,500 a year from the State of Iowa to provide training. That's a tremendous waste. In sheltered workshops the average hourly wage is around $1.65 an hour. A dollar sixty-five an hour and they generally work 25 to 30 hours a week. So you can see they are well below the national poverty line, which means that they are probably on social security or SSI which again drains some of our resources.

Our agency may be a little atypical in the fact that we are very aggressively pursuing supported employment. I don't know if you know what that is but basically it's where individuals work out in the community and we provide the support they need–whether that's constant supervision, intermittent supervision, or basically very little at all. Most of them remain on our payroll and we charge the company for the services and then provide support that's necessary. In these settings clients from our facility make around $3.20 an hour, which is a considerable difference over the other figures. I think it's one of the reasons why I am going to talk to you about community work experiences. Why that's so critical and so important.

I was asked to talk about the strengths that I see of the graduates who come into our facility. There are two: one is that they are motivated to work. Almost without exception they are motivated to work. They show up, they are anxious, they are ready to go. The second strength is that their attendance is excellent. This fact must be drilled into them but they are there day in and day out, 20 degrees below or 90 above, it doesn't matter they're there. Frankly these are the two most important characteristics that the worker can have. The third would be supportive parents and I'll talk about that in a little bit.

Now the weaknesses. It is disturbing when we accept a client into our program after graduation and realize that many of them are not able to use public transportation. This has to be addressed in schools. Clients must come to us ready to ride the city bus. If we have to take time out to train them in this area, we're wasting valuable time. That's the kind of thing that I think needs to be done in the schools. So independent mobility, the need to be able to get around, is very critical. If it is possible to get them driver's license, do so.

Our transportation system in this community runs from 6 in the morning until 6 at night and that's it. Of course, jobs don't quit then. So transportation is our biggest headache, our biggest hurdle.

Other weaknesses that we see involve production rates and the inability to work at a competitive rate of speed. I'll talk about why this may be occurring in a little bit. Many of them do not come to us with specific job skills. Another area of concern is interpersonal relationships with nondisabled people. Does this result from spending most of their time in segregated settings in schools? I don't know, as I haven't spent much time looking for the cause, I am just telling you what I see when they arrive at our doorstep. The ability to use community resources. is also a problem, particularly recreation. Again, I don't know whether these clients are not exposed to these recreational opportunities or whether they are, but they don't learn how to use them. These clients also must use other community resources (i.e., getting assistance for housing) that we all seemed to know when we graduated from high school or college. Another problem is the ability to manage money. Perhaps some of them just don't have the ability and may never have this ability, but somewhere during the 12 or 13 years of schooling this needs to be taught,.

I would also like to talk a little bit about the system. Labeling is something educators do very well, but it doesn't mean that much to us. BD, MD, SCI, all these terms, we don't really care about nor do employers care. I think what we want to know is what are the students' strengths and what are their weaknesses. You may label in order to put them in the right classroom or the right educational setting, but frankly those labels mean very little once school is over. We like to do an evaluation to focus on the individual's skills, strengths, needs, deficits, whatever. That's the kind of information we want.

Parents are a twofold problem for us. On the one hand, the schools do a tremendous job of taking care of many of the needs of students. (Because the parents, frankly, seemingly have to do much in the school system.) But that stops when they graduate. We're not going to provide the extensive services that you did all through school. And, if no one contacts us we're not going to be out recruiting. We've got a list of 55 - 60 people waiting to get in our program right now. So we're not going to be combing the neighborhoods looking for these kids who graduated. The parents have to take that responsibility, and you've got to let them know early on that they are going to be an advocate. If we can maintain the staffing that we have we're lucky. We do not have the resources to provide all the services that have been available heretofore.

The second issue with parents, and this may be even more critical, is the need to convince them that getting their son or daughter into a sheltered workshop or work activity center is not the real goal. You've got to preach to them about the value of community work site experiences. We find so many parents that want their children to get into to get into sheltered workshops or work activity centers. I think you've got to inform them that there are more attractive options. We're going to try with all the graduates that come to us in the future to not introduce them to the work activity center or sheltered workshop. This change comes about because we find that what happens after they've been in that kind of environment for 3 to 6 months is that they are a worse worker than when they came in and we have a heck of a time trying to get them out of there. It's protected, it's safe, and the parents know where they are. I think we've got to preach the dignity of risk. We all take risks in life and I think we've a responsibility to encourage the students and the adults that we serve to do so as well. So we've got to talk to parents and let them know that it's not okay to end up in a work activity center where you are washing pop cartons five hours a day and making 60 cents an hour–where it's safe. We'll protect them but they are certainly not going to be independent. Our mission is to make the people we serve as independent as possible. That's a joke when people are making 60 cents an hour. They are not independent. They are never going to be independent. Money helps bring around independence–and you know, and parents need to be encouraged to let go. It will be important for parents to be more demanding of us and not willing to accept what we now have.

Even if you have the best curriculum and the most integrated school possible, but the students you are serving aren't fitting into the community nor have an opportunity to work, your efforts are going to fail. They've got to have a wide variety of work experiences, a lot of different occupational choices.

We have a problem in that we have 16 support work sites in Cedar Rapids and we force clients to fit into one of these. It ought to be turned around, we ought to take that individual–based on their strengths, their needs, kind of support they need–and develop them for a job. I think what happens is that we know we have certain employers that are amenable to these kind of work situations so we develop the work sites. I think maybe most work experience opportuni-

ties are guilty of that too. There are employers who are amenable to this relationship so these work sites are developed. In fact, we are being driven by what's easiest for us, rather than what's easiest or what's best for the client or the student whom we are serving. Those community work experiences must happen early and they've got to be ongoing and constant. They need practice, and they need to realize that it's okay to fail at a work site. We all learn from that. Probably all of us have had an experience on a job where we quit before we got fired. We all experience and learn from these events. What better place is there to have that happen than when in school where then you can pick up the pieces and move on. I can't emphasize community work experiences enough. Furthermore, it shouldn't be limited to just the stereotypical jobs of janitorial and food service. There's nothing wrong with these occupations, but if that's all we're providing, we're being too narrow. There ought to be a wide variety and I think the horizon is unlimited.

Another point I would like to make regarding community work experiences is that they should be driven by those whom we serve. For example, I gave a student a tour last week and her only community work experiences have been in the janitorial area. The reason why is because her instructor said that's all she wanted. That's really all to what she had been exposed. No teachers and only one parent has ever come in and said, "I want to take a tour of all your supported work sites." Educators need to find out what's going on in the community. Where are the jobs? What's going to be happening? This type of information should drive how you develop your curriculum.

Educators need to talk with us, adult service providers, and we need to talk with educators. I worked in rehabilitation for eight years before I ever talked to educators. You did what you were doing, we did what we were doing, and if we met "great" but if we didn't no one seemed to really care. We have a transition project in place here in this part of the state, and finally, educators and adult providers are communicating. You know, we're out in the community. We kind of know what jobs are going on. We know what employers are hiring. Who's not hiring. What kind of wages are available. We'd be happy to share that information with you. So I think it's a partnership between the two of us that's going to address some of the statistics that were presented in the follow-up study and I presented here. So I don't feel like I'm here today in the enemy camp. I think that we have mutual problem and the solutions will require cooperation across professions.

One final point I would like to make is I hope your curricula are being guided by the themes of community work experience and competitive employment. One of our major contracts that we deal with in our facility is washing pop cartons. Not surprisingly, one school here in town is teaching their students how to wash pop cartons. We can do that. You know if that's the best that client can do, we can spend the next 45 years teaching that client how to wash cartons. So base your curricula and your work experiences on what's going on in the community and not on the type of equipment you were donated. Make them relevant and community-based. Thank you.

JRP Reaction

Pat Steele's paper serves as a admonition to those of us who work with students before they leave formal schooling. The figures presented on the amount of money that clients make working in various sheltered settings are impressively low. The issue which Pat raises about redirecting the money that his agency receives for training these adults and giving it directly to the clients is an interesting one. Training would only need to be focused on the appropriate use of leisure skills!

The major messages which are apparent in this paper center on the need to better prepare students for the life after high school. These young adults need to be able to use community resources to improve their chances of gaining competitive employment.

The important role that parents play in the transition process cannot be overlooked. As pointed out very well, once formal schooling ceases, so do the many services which came with special education. It is essential that parents and the clients themselves become actively involved in this sometimes elaborate process.

The request for more communication among professionals, the identification of the rigidity of some community-based placements, and the need for "top-down" curricula are common themes across the country as well as within the discussions of this futures conference.

Getting Them Ready For Transition

Robert J. Miller

I would like to discuss with you today the topic of getting persons with mental disabilities ready for the transition from school to adult life. The perspective from which I will be addressing this issue is that of an individual who wears two hats. First, as a transition coordinator, I am involved with the development and implementation of strategies to facilitate the movement of persons with disabilities from school to adult life. Second, as a work experience coordinator, I assist high school students with disabilities in finding and maintaining both non-paid and paid vocational opportunities in the community. The twenty minute time limit for my address today will barely allow the time to explore the scope of the problem, and certainly little time to explore potential solutions. With those limitations expressed, let me suggest to you that we are in serious trouble regarding the transition of young people with mental disabilities from school to adulthood.

Unfortunately, I believe education is too process-oriented and not enough outcome-oriented. If the effectiveness of the education of young people with disabilities were outcome-oriented, then I believe we would be forced to face the reality that our current educational procedures are not working and must be dramatically changed. If the measure of success of educational programming were based on follow-up data regarding what happens to persons with disabilities after graduation, then the title of my address today should not be "getting them ready," it should be "why are we not getting them ready for transition?"

Let us review some basic statistics regarding employment and underemployment of persons with disabilities:

1. Between 50 and 80 percent of working aged adults who report a disability are jobless (U.S. Commission on Civil Rights, 1983; U.S. Bureau of the Census, 1982)

2. Of the estimated 90,000 students with disabilities leaving school systems each year (Moran, 1984), 80 percent will be underemployed and living below the poverty level within one year after graduation (McInerney & Karan, 1981).

These are national statistics. Let us look at follow up data from the state of Iowa. In a follow-up study of half of all 1984 special education graduates in the state of Iowa conducted one year after graduation, Sitlington, Keith and Cool (1987) found more than 32 percent unemployment rate. Only a little more than 35 percent of the sample was employed in a full time capacity. Of the subjects working full time, the largest single wage earned by that group (mode) was minimum wage ($3.35 per hour). If you multiply 40 hours per week times $3.35 per hour times 50 weeks per year, you will find the resulting figure is below the federal poverty level. As a result, if you were a 1984 graduate of special education, you had a little better than one-third chance of being employed full-time. However, the majority of those employed full-time were still making a wage below the poverty level.

These statistics for graduates in the State of Iowa reflect a prognosis for the group that is extremely poor. While nondisabled members of this age group are pursuing post-secondary education opportunities and vocational technical training opportunities, individuals with mental disabilities are not doing so in the state. We must address the post high school training needs of this population or accept the standard of unemployment and underemployment of disabled persons.

While our problems are numerous, I believe we are doing some things well in the public schools. At the high school level, many young adults with mental disabilities are involved in community-based special education work experience, and are receiving career education in the classroom. While these activities are not a panacea for transition concerns, these are functional skill building activities that are steps in the right direction. For persons with mental disabilities, community-based work experiences and career education activities: (1) increase the awareness of career interests and abilities, (2) increase the awareness of career opportunities and options, (3) help develop a realistic picture of the skills needed to locate and obtain employment, (4) increase the likelihood of realistic career choice, (5) help develop the work habits and attitudes to

maintain a job, and (6) help develop entry level job skills. While community-based work experience and career education at the high school level are not the total answer, these activities "maximize" the likelihood of young persons to be successful in adulthood.

In far too many school systems, career education is perceived to be a high school problem. It is not systematically addressed in elementary and junior high schools. A lack of vertical articulation exists in the curriculum of far too many schools. Educators in schools often believe career education is only job skills training. This is a problem we must change if we are to better prepare young persons with disabilities for adult life.

Integrating career education into the K-12 curriculum will not be easy. Starting with the *Nation at Risk* study in 1983, education has been under pressure to increase academic requirements. The increase in academic requirements can only happen at the expense of the functional segment of the curriculum. I believe that increased academic requirements at the expense of functional curriculum is a disservice to special education students.

The research of Bingham (1978, 1980), Kendall (1981), and Ziviello (1984) would suggest that students with disabilities are, in general, less career mature and less ready to make career decisions when compared to the nondisabled student. In 1983, Super identified five dimensions of career maturity which are fundamental to the readiness of young adults for being adequate career decision makers: planfulness, exploration, information, decision making, and reality orientation.

Attitudinal factors in career maturity include planfulness and exploration. Planfulness is a composite of autonomy, time perspective, and self-esteem. Planfulness can only take place if people believe they have control over their own careers. This concept is often called locus of control. Time perspective is the ability to conceptualize immediate, intermediate, and distant futures. Super suggests that for many students their occupational futures are too remote or too uncontrollable for planning to seem worthwhile. Self-esteem is a final component of planfulness. Those who consider themselves of dubious worth are not likely to believe that they can control their career or effectively plan ahead.

Exploration refers to an attitudinal examination of how one fits or needs to fit into society. It includes the individual's attitudes toward awareness, valuation, and willingness to utilize resources in the community. These community resources include family, school, and workplace.

Super (1983) identifies information, decision making, and reality orientation as the cognitive factors in career maturity. Information essential to rational decision making. Often adolescents make career decisions based on inadequate knowledge of the world and of themselves. Super suggests information on preferred occupational groups, information regarding appropriate behavior in the world of work, information regarding economic trends and changes, and information regarding life roles including occupational roles is essential for appropriate career decision making. The final cognitive factor in career maturity is reality orientation. In order to make appropriate career decisions, the individual must have a realistic picture of one's self and how one manages life roles including worker, citizen, and homemaker. This realistic picture of self is enhanced by work experience in the community, stabilization of values, interests, and goals, as well as consistency of personal preferences.

Biller (1985) utilized segments of Super's (1983) career development theory to develop his Life-Stage Model for the Career Development of Individuals with Specific Learning Disabilities. Biller's model identifies external locus of control, low self-esteem, poor planning skills, low participation in extracurricular activities, poor career decidedness, and a perceived weakness in reality orientation as specific deficit areas for the learning disabled population in the skills needed for readiness to career decisions or career maturity.

While Biller's model was developed for the learning disabled population, his work has important ramifications for all special education students. I believe we are developing and graduating dependent people. These people are dependent on a school system that will no longer serve them the day after they graduate. Our current graduates with mental disabilities have the same problems documented by Biller. Too many graduates have an external locus of control. They have weak decision making skills. They have low self-esteem. They lack knowledge of community resources. They have a weak reality orientation. These are curricular issues that are not being addressed for persons with disabilities.

Central to the concept of transition from school to adulthood is the student as a self-advocate. If the concept of transition is going to be successful, then student graduates must be involved in the process and in decision making to the maximum extent that is possible. How can we expect students to self-advocate if they don't feel any control over their life; if they don't feel ownership of the problem; if they don't believe

they have input in the solutions?

Self esteem of the individual will certainly affect the student as self-advocate. Social learning theory (Rotter, 1954) advances the premise that people approach objectives or events in which they have a high expectancy for success and reinforcement. In contrast, people avoid objectives or events in which they have low expectancy for success and reinforcement. Because young people with disabilities are subject to an increased frequency of failure experiences, their expectancy for failure in future endeavors is increased (Miller & Schloss, 1982). The public school experience has not been overly positive for most students with disabilities. We must systematically address the development of self-esteem in this population in a longitudinal manner or we will continue to graduate individuals with low self-esteem. I believe systematic community and classroom integration may assist us in addressing this problem.

How can we expect young adults to self-advocate in the transition process if we do not address their need for information concerning community resources. This is a curricular issue that cannot be ignored. Students need information concerning what services are available after graduation, how to access those services, how much these services will cost, and what the eligibility requirements are for services.

Once a young person graduates from high school, special education services from the public school are terminated, P.L. 94-142 is no longer in effect. In Iowa, no single adult service agency is responsible to coordinate transition services for the student after graduation. If the graduate and parents do not actively seek the support of adult service providers, than no one else will do it for them or seek out the graduate to offer services.

For transition planning to be successful, a transition team must have the involvement of at least four members. First, the parents must act as case managers for planning to work effectively. Parents must assist their sons and daughters by being informed consumers of adult services. They must share important information about their young adult with appropriate adult agencies. Parents must share the responsibility of decision making with their children.

As stated earlier, the student must be a self-advocate to the extent that is possible. Students must share their interests, desires, and career goals. Students must also be informed consumers. No transition plan can work if students are opposed or uninterested in its success.

The third vital member of the transition team is the special educator. The special educator must act as a facilitator of the process. The special education teacher must prepare the student with a functional academic curriculum. The special educator must be able to provide information about local adult services to facilitate the decision making process. As a member of the transition team, the special educator should share opinions regarding the most appropriate adult services for the young adult after graduation. In rare occasions where neither parent nor student can be advocates, the special educator may want to become more actively involved in meetings between adult providers, the student, and parents.

The final member of the transition team that must be involved to effectively develop a transition plan is the adult service provider. The adult service provider acts as a consultant to the transition team by providing information about services offered and agency eligibility criteria. The adult service providers must be available to answer specific questions from parents and students.

Transition planning based on these four role descriptions will be difficult to fully institute. As suggested, the student is too often unprepared to self-advocate. In addition, many parents do not fully value nor perceive the complexities of transition from school to adult life for their son or daughter. This is a problem that must be shared between both educators and parents. For years now mere lip service has been given to the idea of cooperative teaming in the Individual Education Planning (IEP) process. The reality of parent involvement has been to invite parents to the IEP meeting and ask them for little more than their signature on a preordained IEP. Too often, parents and educators interact about the student only one time during the school year. As a result, parents have been given the message that the educational program of their son or daughter is out of their hands. Education has not sought to establish a meaningful partnership with parents.

Regardless of whom is responsible for the problem, the reality is that many parents are unprepared to participate as case managers in the transition planning process. Some parents have an external locus of control and expect educators to follow through with the responsibility that they have historically accepted.

I would like to share with you what the Transition Advisory Committee for Area 10 believes are the essential components of an effective transition planning procedure. First, a formal transition plan should be a part of every special education student's IEP. Second, we believe transition planning must be longitudinal. It should begin three to five years before graduation.

Third, every transition plan must include, at a minimum, goals and objectives in the areas of vocational or post-secondary education options. We are not suggesting that goals be limited to these areas. Other areas that may need to be included for a specific student are living arrangements, financial planning, mobility, and leisure activities. Fourth, the transition planning team must include the parent, student, special educator, and appropriate adult service providers. Fifth, transition planning is a flexible process that changes over time. As we negotiate and work as a team over a three to five year period, we are going to see changes in the student and in our information regarding the student. The transition plan will need to change to reflect the changing situation.

In summary, I would like to suggest four interventions that we must make to get persons with mental disabilities ready for the transition from school to adult life. First, we need to be concerned that career education is part of the K-12 curriculum. We cannot wait until the high school years for this to begin.

Second, we must systematically prepare students to self-advocate. We've got to address the problems of external locus of control, of autonomy, of self-esteem, of decision making, and of the lack of knowledge of community resources.

Third, we have to provide inservice training to parents and educators so that they will come to realize the importance and extent of the transition problem. We must solicit the assistance of parents and work with them to create a more cooperative effort between parents and educators.

Finally, much as P.L. 94-142 was federally mandated to ensure the existence of appropriate programming, we must seek a mandate from the State of Iowa requiring that transitional planning be established for every high school aged special education student. A state mandate is the only way to guarantee the existence of a transition plan for every special education student.

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JRP Reaction

Bob Miller's paper highlights a number of significant problems which are germane not only to Iowa but to the entire country as well. First, although the transitional movement has enjoyed wide support, it is not without problems as well. Miller points to the fact that much of what we do in education fails to look at outcomes, focusing more on process. Second, the recurrent need to develop better career education programs at the elementary level is championed again. We give this topic much lip service but it remains an underdeveloped area. Third, we, who work with adolescents with mental disabilities, must be cautious and responsive to the pressures of the "excellence in education" movement. We might support the intent of this movement; however, we have to be fearful about its implications for our students, particularly, as Miller hints, as it relates to curriculum. Many of these students need a functionally, adult outcome oriented program. Some of us feel that this as well as a diploma are achievable at the same time. This movement threatens this thinking. Fourth, Bob identifies an area of need that most adult service personnel (see Steele) would corroborate: students leaving school need to be able to access and use community services. Without skills in this domain these young adults are "at risk" for any number of unsuccessful experiences.

The Funding of Special Education

Tom Burgett, Ph.D.

First, I want to thank you for scheduling the usual stimulating talk about school finance and numbers and dollars right after lunch. If lunch didn't make you sleepy this probably will. Let me clear up a couple of things before I get into what I am expected to talk about.

First of all I have been accused over the last several years of trying to do away with resource teachers and special education consultants. That's not exactly true. I have advocated for the last several years significant role changes for both of those groups of folks and continue to do so. What I intend to do this afternoon is–well, let me first tell you what I'm not going to do–I am not going to go through the paper that is in your packet (see appendix). I will assume each of you read that last night before you went to sleep. Secondly, I will not be able–in twenty-five minutes, because those of you who know me know once I get started it's real difficult for me to be quiet–I will not be able to give you an in depth summary of how special education finance works in Iowa, either for instruction or for support. What I will do, however, is to try to give you, first of all, an overview of the quantity or breadth of funding in Iowa for special education. Usually that's information that lots of folks don't have direct access to on a statewide basis. I will then give you a brief explanation of funding for instructional programs as it exists now and the same kind of thing for support programs and spend the majority of the time, however, going through my perceptions of advantages of the current funding mechanisms, disadvantages of the current funding mechanisms, and some other considerations that you might want to think about. One last disclaimer, my opinions do not necessarily represent the opinions or position of the Department of Education, Dr. Bill Lepley, or Frank Vance, as far as that goes. So hold me accountable, not those folks.

Let me give you some sense of why we are under more and more legislative scrutiny. It has to do with the quantity of dollars that in this state are earmarked for special education. The last year we have complete data is for last school year in which almost two hundred and seven million dollars were devoted for special education instructional programs, the weighted programs. Now of that amount, one hundred and nine million would have been generated if we had no handicapped children. That's the 1.0 money, but that is considered a part of special education in terms of our accounting procedures. Another ninety-eight million was generated for the additional weighting above the 1.0; for a total of two hundred and almost seven million dollars last year. For the current year, when we get those figures put together, I am sure it will be closer to two hundred and ten to two hundred and eleven million dollars for the current year–just for the instructional programs. When we go to special education support budgets of the AEAs, we are looking at for last year sixty-two million. For the current year, about sixty-four million.

Now that's increased, and I probably should have mentioned that in the first one too. On the instructional side when we started the weighted plan in 1975-76, we started out with sixty-four million and is increased now for the last year to two hundred and seven million; on the support side, we had sixty-two million for last year, sixty-four million for the current year in the controlled budgets for the AEA support services, that started at about twenty-six and one-half million back in 1975-76. And then, of course, we do get a little bit of money from the Federal government. For last year about fifteen and one-half million; this year it is about seventeen million. That's a drop in the bucket compared to what the state commitment to special education. So when we are looking at something that's beginning to approach a third of a billion dollars per year in this state and when we consider that the majority of the instructional and support funds are considered to be state aid dollars rather than property tax, this state has made a very sizable financial commitment to special education over the years, and as a result of that, I think our accountability and the scrutiny under which we must live grows more and more intense as a result of the quantity of the dollars.

Most of us, I think, in this room are probably aware of how instructional funds are generated. As you know, when staffing teams determine that a child is eligible for special education services, a recommended program model is established and with that program model we have certain weightings attached. The assumption being that children are not weighted according to

disability itself, but rather than, at least theoretically as Dan Reschly indicated the way funding ought to be, it was theoretically assumed that the weightings would be based on the severity of the handicapping condition and the intensity of services that were necessary to deliver appropriate services to handicapped kids because the weightings are, in fact, a result of the *Rules of Special Education* regarding class size maximum which are suppose to be related to severity of handicapping condition. So kids are weighted, generally the staffing team in the end comes up with that weighting that goes along with the recommended program, but it is the AEA that actually certifies those weightings, or theoretically at least, determines the weightings and submits them for certification to the Department of Education.

There are a couple of other factors that affect the weightings. One is the role of the School Budget Review Committee. That committee which is made up of the Director of the Department of Education, Director of Department of Budget and Management, and three lay members appointed by the Governor, serve to determine what the weighted plan will be for each succeeding school year. In essence, they review the prior year's data to determine next year's weighted plan. They review the results of all of the reports that are submitted to us, and we make recommendations to that committee as to whether the weightings need to be increased or decreased. The committee has the authority to increase or decrease those weightings as much as two-tenths in any one particular year. However, we are not able to change the weighting in one program model without changing the weighting in another program model if they are both of the same weightedness. In other words, in the 1.7 model, as most of you are aware, we have three different models–in the 1.7 category: supplemental assistance, resource teaching program, and the special class with integration program. The committee is not able to change the weighting in any one of those three. We have to change the weighting in all three of those particular programs in order for it to be changed one way or another. The committee has exercised that authority over the years. Most of you are aware that the original weightings were 1.8, 2.2, and 4.4, and over the years the committee has, in fact, made adjustments, both upwardly and downwardly.

Also another factor that affects the weightings each year in terms of how it is translated into actual dollars is the allowable growth factor. The Department of Budget and Management determines each year a growth factor, a percentage, which is translated into dollars and that is added on to the cost per pupil in each district. That gives us, then, some automatic growth because every child in this state is weighted, including nonhandicapped children. They are weighted 1.0. Special education kids are weighted a multiple of that and that translates into dollars 1.7, 2.2, or 3.6 times what a nonhandicapped child generates. So if a cost per pupil in any one year, as an example, were twenty-five hundred dollars for a nonhandicapped child, an allowable growth factor increases that to twenty-six hundred. We would then have the hundred dollar increase multiplied by the 1.7, 2.2, or 3.6 so we have built in increases as a result of that.

Another advantage we have in the instructional weighted program currently at least, is that we have the ability to use the higher of two counts. All of you are aware that we take a Federal count on December 1, of special education students each year. Included in that count are the number of students who are weighted for state purposes. Again, that's a count that's taken and provided to us by the AEA. If the count in the middle of the school year is greater than the count in the prior year in terms of additional weighting above the 1.0, there is an advance in state aid made to those districts that experience an increase. So if there is significant increase that would require additional teachers or additional programs, there is a mechanism to fund that in the middle of the year. There is no penalty if there is a decline in the middle of the year. That's an advantage we have had since about 1980 or so.

That's all I am going to say in terms of how the instructional weighted dollar programs work; that's the responsibility of the local school district, except to say in the handout there is more information and a graph which will show you how those weightings are translated into dollars. There is also a description of the accounting mechanism which pays general education part of those weighted dollars for the services that general education provides the handicapped children including regular transportation, integration, utilities, administration, and so on. That's an accounting mechanism that is built into the system.

Most of us, I think, are aware how special education support budgets are determined. We generate dollars, not based on the children who actually receive the service, but on a weighted enrollment formula which includes the cushion for declining enrollment. Also, it includes a two percent budget growth guarantee. So when you hear of the phantom students, those are the students who are in an enrollment factor. Those are

students who are not in school, but is simply a mathematical calculation as a cushion for declining enrollment. The theory being you may loose a certain number of children throughout the school system, but that does not mean that you are able to reduce expenditures concurrently. You may loose a first grader, a second grader, a fifth grader, three kids from seventh grade and so on, but there is not one teacher you can reduce. Therefore, a declining enrollment factor is built in for general education and also applies for special education support budgets, and we will talk about that a little more, but we do not generate dollars based on the numbers of kids that receive the special education service. It is based on all kids in the public school system, within that AEA, and includes that weighted enrollment or phantom factor. So we really generate approximately one hundred and ten to one hundred and thirty dollars per child based on those enrollments, where our actual expenditure is in the neighborhood of twelve hundred dollars when you take the dollars and apply it to the kids who actually receive the support services. These budgets are submitted by the AEA to the State Board of Education for final approval. That's the process in terms of how it works. Again, those dollars, just like the weighted dollars, are considered to be state aid dollars in terms of the majority of the funds.

For the current year, the foundation plan indicates that the foundation level is eighty-one and one-half percent. Next year it will be eighty-two percent. That means that eighty-two percent of special education dollars come from state aid, not from local property tax. Only eighteen percent next year will come from local property tax. There is a heavier burden then in terms of the generation of special education funds on state aid and less of a burden on property tax than we have for general education funds.

So that causes us a couple of conflicts with general education. One is the total amount of growth we have experienced in special education funding over the years compared to what general education has experienced. If you look at, over the last five years, the additional state aid that went into elementary and secondary school programs in the state, almost one third of that increase in state aid went to special education, for about less than twelve percent of the population. So it causes us that kind of conflict with general education as well as the conflict of the source of those revenues. Again with the majority coming from state aid versus property tax. For general education or nonhandicapped children, it is closer to a 60:40 or 65:35 ratio, depending upon which figures you want to believe, rather than an 82:18 percent mix.

Let me briefly then give you, at least my opinion, in terms of the advantages of the current funding mechanism. You may have different perceptions or different ideas, and some of these will mix in both on the instructional side and the weighted side. At least in relative terms, the special education weighted plan is simple. At least compared to many states. We have three weightings. There are other states that use weighted plans. At one time, Florida had a weighted plan that involved sixteen different weightings. Now when I say, it's relatively simple, I mean we take three weighted factors and apply them toward what happens in general education in terms of dollars. So that in itself is relatively simple. Over the years, however, the weighted plan has become more and more complex with different legislative changes that have occurred such as using the higher of the two December counts, the allowable growth factors, and property tax state aid mixture. When you get all of those kinds of things put in, it does become somewhat of a complicated system, but less so than many others. I see that as an advantage.

A second advantage, which can also work to our detriment, of course, is that at least theoretically the funds generated by the weighted funds are limitless. There is no ceiling or cap put on those dollars. It is based simply on numbers of kids that are identified. The more kids that are identified as needing a center-based instructional program, the more dollars are generated. So there is no arbitrary ceiling such as a percentage of district's budget or anything else that's imposed at least currently in terms of funding, although there have been efforts over the years to control some of that through less than state mandates.

Another real advantage over time has been that the weighted plan is an integral part of how we finance general education in this state, the school foundation plan. The reason that I see that as an advantage is is that it prevents special education from being a separate amount out here in left field somewhere such as a separate appropriation that is easily manipulated or reduced by the General Assembly or other policy makers. There are disadvantages also associated with being part of the school foundation plan. When there is an across-the-board cut, we also suffer. If the allowable growth rate is reduced in one year compared to a prior year, that affects special education as well as it does general education. Generally, I think that the protection aspect of being part of how we finance schools, the rest of

the general education in this state, is probably an advantage.

Also the mechanism of the weighted plan is really tied into the *Rules of Special Education*. In terms of class size maximums, in terms of continuum of program options. Theoretically they are all tied together and not separate from our perceptions of how we serve kids by program models, by severity of handicapping condition, by the intensity of services that needs to be delivered, as at least related to class size maximums.

Another advantage that I have already alluded to is there is a very high reliance on state aid rather than property tax, and I think Carol indicated last night and I would be in complete agreement, that we could not get much more money out of property tax in this state. Partly because of the nature of our population being rather elderly compared, I think we are the third or fourth most elderly state, in terms of age of our population. Those folks are not going to buy property tax increases even for education. Their kids are not in school any more. Many of their kids are not in this state any more, and they are not about to have their property tax increased substantially for special education or probably general education either. So I see it as a real advantage to us that the state mandate follow through with a very large commitment on the part of the state in terms of where those dollars come from.

Another advantage related to that is the weighted plan, at least over time, has been "relatively exempt" from political manipulation. Because again it is part of the school foundation plan, there are built in mechanisms in terms of how that works. Giving the school budget review committee the authority to review data and make decisions about school budgets has kept those decisions, at least in a broad sense, away from the General Assembly, or away from the Governor's office. There is only one time since I've been on board, which is over eleven years now in the state department, that the Governor has intervened with the school budget review committee decision, and asked them to reconsider some proposed increases. That is not true in many states. If we relied on direct appropriations from the General Assembly, we probably would not have faired over time as well as we have in special education.

Also, our finance plan lends itself to accounting, monitoring, and reporting procedures that are absolutely necessary when you reach these kinds of dollars. We can explain to the General Assembly, to the dollar, where the money went; how much went to salaries, how much went for employee benefits, transportation, and so on. We can account for every one of those dollars. Now another part of the accountability is are we delivering services in the most cost efficient way? Are we getting the biggest bang for the bucks in terms of child change or outcomes for students? That we have a much more difficult time trying to explain to the General Assembly rather than just the dollars themselves.

I will give you my opinion now of what I think are the disadvantages of the current plan. This is where I will get into trouble with some of you, but that's OK. In my opinion, it encourages bounty hunting. More kids are identified, more dollars are generated. There are lots of implications for that including just the general overidentification of children for special education purposes.

I think it also confuses the role of staffing teams in making program recommendations and decisions for kids. Too often, in my opinion, decisions are based on the weightings. The staffing teams believe that they have to determine a weighting to go along with the recommended program and sometimes that becomes a real conflict within that team rather than making decisions based on the needs of the child and the programmatic considerations.

I think, too, the current finance plan is very, very restrictive in programming for children. While this was established in 1974, I think it has done very well up to this point in time, but it's time for review. We are not in the same places historically that we were in 1974. We do not have lots of new programs that need to be established in terms of kids who are not receiving services unless we extend our services to a different population such as the high risk population. It does encourage categorization of kids, and I think it discourages movement of children along the continuum of services. Once a kid is weighted and identified for special education for particular program model, it is very difficult, I think, partly because of the finance plan, to get that kid into another program–to get the kid staffed out of special education because we categorize kids based on funding as well as disability labels and program model labels. They are tied together.

I think also it encourages empire building on the part of the AEAs. Two specific examples of this would be if you want to take a tour of the state and look at some of the facilities some of the AEAs have established over the years, one wonders where the dollars are going for kids. Especially if you look at many abandoned school buildings that would be available in some of those same parts of the state that could have been used to house AEA support staffs. Also when

you look at the process the AEAs are able to use to hire certain kinds of folks like PR people, lobbyists, and so on, and you remember that those costs are paid about 70-75% of special education monies, one has to wonder what is going on. I think there is limited ability to put the dollars where the need is. Particularly when it comes to AEA support budgets. If we recognize an AEA that needs more money and one that is not using all of their dollars, it's not very easy to get those monies shifted because the dollars are generated on a historical basis, what your cost was per pupil last year based on this year's enrollment and the growth factors and so on, not necessarily related to where the need particularly if those needs change over time.

I think the current finance plan encourages placement of children based on the availability of program rather than on need. We label programs as 1.7, 2.2, or 3.6 as well as resource or SCI or self-contained, and we place kids sometimes, too often in my opinion, based on the availability of those programs rather than on deciding what services those children actually need.

I think also the current plan provides some political conflict between the intermediate units and the local education agencies. I know how difficult it is for someone who is a support staff person to sit across the table from an irate principal or a teacher who is insisting that this kid be weighted 2.2 versus 1.7, and I know that those folks have to live there and they have to go back to that building and try to serve that building. So I think the current system provides indirectly for some of those kinds of conflicts.

Other considerations I think we need to make. We have already talked about the property tax problem, so I won't go into that any more. Continued scrutiny on the part of the legislature in terms of accountability. We know now that it costs between eleven hundred and twelve hundred dollars to get a new kid into the system–to get the kid identified, staffing, comprehensive evaluation, staffing recommendations, and all of that–before we ever deliver services to that kid. That costs far too much. We can't afford to do that over time. I think it is time for us to look at alternative funding mechanisms as we define alternative ways to serve children. I feel very strongly that the finance mechanism should enhance program decisions, not drive program decisions. So as we look at changes in the future and how we deliver services, changes in the resource teachers' role, changes in support staff roles, then I think we also have to look at changes in how we are going to fund those programs.

JRP Reaction

Tom Burgett's comments and the funding paper included in the appendix summarizes nicely (to the non-Iowan) the realities of funding special education in the State of Iowa. The major implication for future consideration that struck me from reading this paper is the need for funding formulae to be flexible and in certain situations innovative. As others at this conference pointed out if new ways of providing services to students with mental disability are to be attempted, different perspectives for funding these services will be required as well. Iowa could be on the cutting edge in this area if it chooses.

A Comparison of Classrooms For Students With Mental Disabilities

Ann Casey, Ph.D.

The Iowa *Rules of Special Education* provide for a broad continuum of services for students with mental disabilities. Depending upon individual student need, a student could receive special education services in a variety of program alternatives. The majority of students receive services in one of three program options. The resource teaching program is the least restrictive of the three options followed by special class with integration (SCIN 1.7) and self-contained special class with little integration (SCC 2.2).

A review of programs for students with mild mental disabilities was undertaken through the *Iowa Mental Disabilities Research Project* (Reschly, Robinson, Volmer & Wilson, 1988). The data collected in this research project consisted of a number of variables including data retrieved from students' records and teacher responses to questionnaires. When these data were compared for the three placement options, a number of conclusions were evident. The following were of particular interest: resource program options tended to be different, particularly in terms of student characteristics, from the two self-contained options. However, few differences in terms of student characteristics appeared between the two self-contained options. Further, it appeared there were AEA differences in the degree to which each program option was utilized. Since the data reported were archival and teacher opinion data, it was determined to undertake an additional study using classroom observational data as a means to further investigate the two self-contained options. Classroom observation data would allow comparisons of the content and time spent in various activities.

Method

Sample

The sample consisted of 75 classrooms from five Area Education Agencies (AEA) in Iowa with a fairly even distribution of urban and rural rooms from each AEA. The sample was divided so there were 34 classrooms at the elementary level and 41 at the secondary level. At the elementary level, 14 classrooms were special class with integration (SCIN) and 20 classrooms were self-contained with little integration (SCC). At the secondary level, there were 21 SCIN classrooms and 20 SCC classrooms. While a more even sampling distribution was planned, it was found that elementary SCIN classrooms were not present at some sites.

Data Collection Instruments

Data were collected in two ways for this study—observation and teacher interview. The observation tool used in this study was a modified version of the CISSAR (see Greenwood & Carta, 1987). A major use of this tool is to collect academic engaged time data. Using a ten second time-sampling procedure, this tool allows observers to record the activity in which students were engaged as well as the student behaviors exhibited during various tasks the students were presented. The observation tool consisted of a nine by eight matrix with nine student behaviors and eight tasks. The student behaviors consisted of writing, task participation, reading aloud, reading silently, talk academic, answering questions, asking questions, attention, and other. The tasks consisted of readers, workbooks, worksheets, paper/pencil, lecture/listen, other media, teacher-student discussion, and fetch/put away. There were 14 activity categories which included community, daily living, handwriting, language arts, math, motor skills, prevocational, reading, recreation and leisure, science, social studies, self-care, spelling, and other.

The second data collection tool consisted of a brief teacher interview. Teachers were asked if the observation had been a typical school day, and were asked questions about the degree to which students were integrated into regular education and the degree to which students were engaged in community programming.

Procedure

Observations were conducted by ten observers who were trained to reliability (better than 80% agreement) in the use of the modified CISSAR. Each observer was assigned between six and eight classrooms. The observation was conducted for an entire school day. When the observation period began, the observer would note the

time on the observation sheet, circle the activity in which the student was engaged, and begin to mark tallies in the appropriate cell for student behaviors and tasks. Observers wore earphones and listened to taped recordings of ten second beeps which cued when to make a tally. Students in the classroom were randomly selected for ten minutes of observation. The tape recording would signal the end of ten minutes at which time the observer would observe another student. All students in the class were observed at some point in the day, and most were observed several times throughout the day. Inter-observer reliability was not gathered for all observers, but in the instances it was obtained the average was 92 percent agreement.

The data were aggregated across students so that the level of analysis was the classroom. Observers took short breaks throughout the day, so that the total time observed did not equal the total length of the school day. At the end of the school day, the observers completed that teacher interview with the classroom teacher.

Results

Observation Data

The primary data collected through observation were the amount of time students spent in various classroom activities, classroom tasks, and student behaviors. Figures 1-3 are bar graphs depicting the percentage of time spent in these three areas for SCIN classrooms and SCC classrooms with each type divided by elementary and secondary programs. Very few differences are evident from this display. The first seven student behaviors are active academic response, while the attention and other category are non-active academic responses. When the data were collapsed across the entire sample, it was discovered that students spend 56 percent of their time making active academic responses, and a considerable portion of the day, 44 percent, was spent making non-academic responses.

Analysis of variance between the SCIN and SCC classrooms was performed on the mean time for each variable. Because of an interaction effect, elementary and secondary data were treated separately. In the classroom activities category, there were statistically significant differences in only two activities at the elementary level. Interestingly, elementary students in SCIN programs spent more time in daily living activities than their counterparts in SCC rooms. SCC elementary students also spent more time in social studies. No other statistical differences in activities were apparent. At the secondary level, two statistically significant differences were noted. Students in SCC programs spent more time instructed in daily living activities and prevocational activities than students in SCIN programs, but these were the only significant differences in activities.

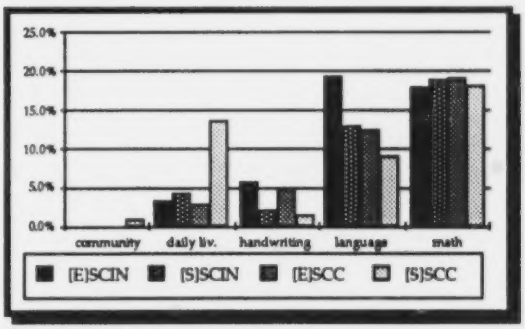

Figure 1a. % of time spent in activities.

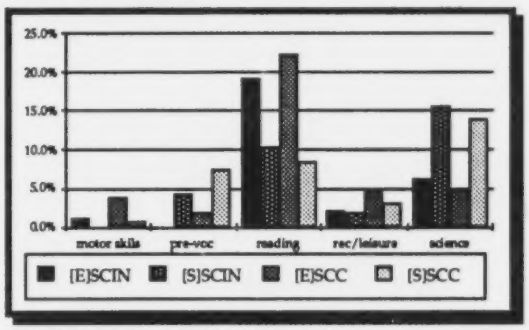

Figure 1b. % of time spent in activities.

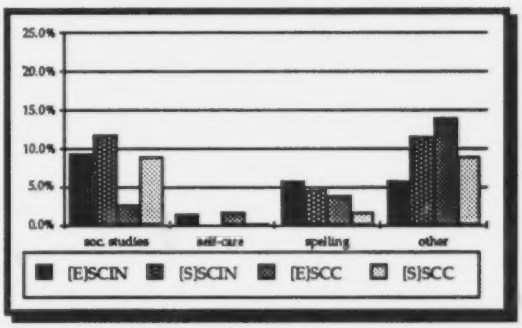

Figure 1c. % of time spent in activities.

When the data for classroom tasks were compared, again, very few differences were present. At the secondary level, none of the task comparisons were significantly different between SCIN and SCC classrooms. At the elementary level, there was one statistical difference with students in SCC programs spending more time using other media such as computers, blackboards, and tape recorders than students in SCIN programs. The comparisons for student behavior showed no differences for elementary SCIN and students in SCC programs. At the secondary level, one of the nine student behavior categories was statistically significant. Students in SCC

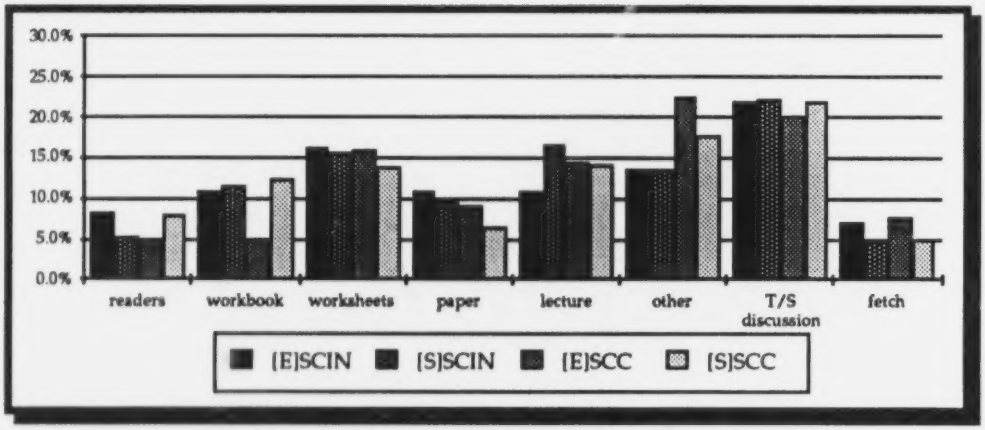

Figure 2. % of time in tasks.

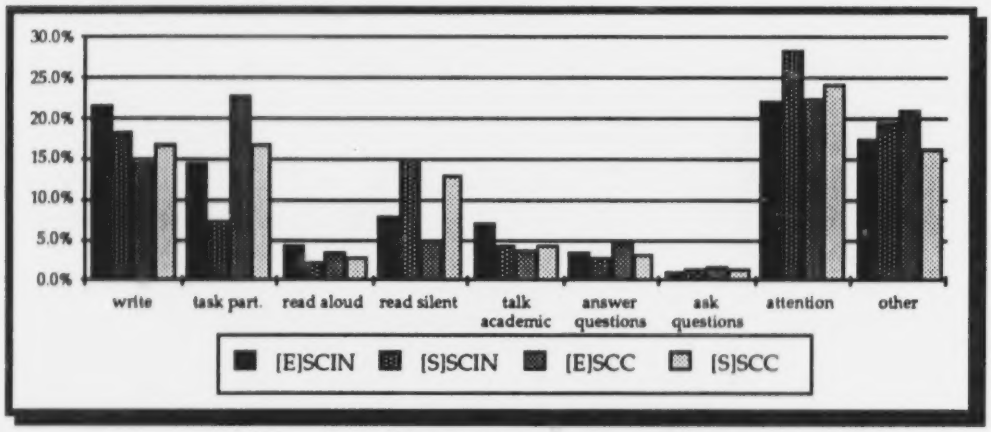

Figure 3. % of time student behaviors exhibited.

programs spent more time in task participation.

Teacher Interview Data

Because each classroom was observed for only one day, a teacher interview was conducted to determine if the observation occurred on a typical day and to collect additional information. Seventy-eight percent of the teachers reported that it was a typical day. The major reasons given for it not being a typical day were weather (school dismissed early due to snow), the number of students present in the classroom, and different activities than usual. Twenty-eight teachers of SCC classrooms reported having full-time aides compared to 12 teachers of SCIN classrooms, while six teachers of SCC classrooms and 11 teachers of SCIN classrooms had half-time aides. There were no teacher aides in 18 percent of the sample classrooms.

Of particular interest were the teacher responses about the degree to which regular education integration and community programming were achieved. Teachers were asked how many students in their classes were integrated. SCC elementary teachers had an average of 3.8 students integrated into regular education, while SCIN elementary teachers integrated 8.4 students on the average. At the secondary level, an average of 6.5 students in SCC rooms were integrated with 14.8 students from SCIN classrooms. Teachers were asked to report the amount of time per week each student was integrated into regular education. The average amount of time per student for regular education integration was 296 minutes per week in elementary SCC rooms. For elementary SCIN rooms, the average amount of integration per student was 811 minutes per week. At the secondary level, students in SCC programs spent on the average 285 minutes per week in regular education while students in SCIN programs spent 478 minutes per week.

There were many subject areas into which students were integrated, but the most popular choice was physical education in all four special education models. At the elementary level, music and art were the next most often chosen with elementary students in SCIN programs; they were also mainstreamed in science and li-

brary. Secondary teachers of SCIN classrooms reported students were often integrated into exploration, industrial arts, and science. Forty-eight percent of the teachers reported that integration was for both academic and social reasons. An additional 27 percent reported the primary reason for integration was for social reasons, and 19 percent said integration occurred primarily for academic reasons.

The final area of interest was the comparison of program models in the degree to which a community component was implemented. Of the 59 percent who reported a community component as part of their program, the majority were at the secondary level with 17 SCC programs and 12 SCIN programs having some community aspect. There were differences in the average amount of time students students from the different program models spent in the community per week. Secondary students in SCC programs spent the most time with an average of 795 minutes per week. Secondary students in SCIN programs spent a reported 328 minutes per week on the average in the community. The community activities that secondary students were most often involved with were shopping or job placement. Elementary students in SCC programs spent 138 minutes per week, while the elementary students in SCIN programs did not participate in community activities.

Discussion

A number of conclusions can be drawn from this study. First, it appears that special class with integration (SCIN) and self-contained with little integration (SCC) programs differ in the degree to which regular education integration and community programming occur. As one would expect, students in SCIN programs are mainstreamed for more time than their peers in SCC programs. Conversely, and as expected, students in SCC programs spend more time in the community than students in SCIN programs. These program options were conceived with the assumption that they would serve different kinds of students with different needs. At least on these variables, then, SCIN and SCC programs are providing different kinds of services to students. The major difference appears to be what happens with students when they are not in the special education classrooms—students in SCIN programs are mainstreamed more and students in SCC programs have more community based experiences. However, when comparisons are made between the two program options concerning what takes place in the special classroom, few differences were noted. The observational data consisted of time spent in certain activities (subject matter areas), time spent in particular tasks, and the amount of time students exhibited specific academic behaviors. Keeping in mind that elementary and secondary data were analyzed separately, the differences between the two program options were remarkably absent suggesting that, at least in terms of the activities, tasks, and student behaviors, the two programs differ little. The statistical tests support the visual display of the bar graphs showing few apparent differences.

Some cautions are suggested when interpreting these data. First, the sample size was small, particularly when the data were divided into an elementary and secondary sample. Thus, it could be argued that the small differences between the program options would have been statistically significantly had the sample size been larger. Thus, sample size is a consideration in interpreting data. However, one must question the practical significance of these differences. In most cases, the differences between the programs amounted to no more than 10 minutes of time per variable. While a larger sample might have found this to be a statistically significant difference, the question remains if that is a "real" difference.

An additional caution is advised when interpreting the data. Observational data were not gathered on the level of materials used by students in the different program options. Thus, it could be argued that while the amount of time spent in particular subject areas did not differ, the level of the materials used in those subject areas did. These data were not gathered in this study, and this would need to be investigated further before any conclusions could be drawn. Even if this proved to be true, however, one would have to wonder if level of material alone is enough justification for funding two program options when they appear very similar in terms of what transpires in the classroom.

The data presented in this study call to question the rationale for funding both SCIN and SCC placement options. SCC programs receive a larger per pupil expenditure than SCIN programs. The assumption was that students receiving services through SCC programs were in need of more specialized services which would be more costly. The data gathered through the *Iowa Mental Disabilities Research Project* suggested that students in SCIN and SCC programs did not really differ that much from each other in terms of characteristics. The data gathered in this study suggest that the programming does not really

differ, either. The major difference between the program options was the amount of integration and community experiences with students in SCIN programs receiving more regular education integration and students in SCC programs receiving more community experience.

Serious questions have been raised about the need for two self-contained program options, particularly since they generate different amounts of money. The absence of elementary SCIN programs in certain parts of the state raises further questions about the rationale for selecting a program option. In those areas where there are no elementary SCIN programs, one has to wonder if there are no students who could benefit from a less restrictive program. A more likely explanation is that students are receiving services in the SCC program since they generate more money. It seems appropriate that some students with mental disabilities will continue to benefit from programs that offer more integration while other students would derive the most benefit from programs with more community-based experiences. It is not clear, however, that there is a differential cost to providing these services or that these experiences need to be provided through different program options. Logistics may be a problem, but it is conceivable that while the integrated students are in regular education classes, the other students could receive community-based experiences. Another alternative is to have at least two classrooms available at any given age level. One classroom could be for students who require a more integrated program, and the other could be for students who require a more community based program. Both classrooms would be called self-contained classrooms and would generate the same per pupil cost, but assignment to the room would be based on student needs. The instruction that occurs in these classrooms should reflect different student needs. Currently, instruction for these students seems to differ on very few dimensions.

A final comment needs to be made about the amount of active academic responding that occurred in the classrooms studied. One of the best predictors of academic achievement is active academic responding. With this in mind, it was disturbing to find that students in this sample of classrooms spent only 56 percent of their time making active academic responses. Regardless of program option, teachers of students with mental disabilities could provide a great service if they focused their instruction on requiring students to become more actively engaged. All students could benefit from this kind of instruction, and the goal would be to increase achievement for all.

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JRP Reaction

An important premise upon which the study described in this paper was based is that it is important to examine what actually happens in a classroom. This is in contrast to assuming what occurs based on the type of class it is (e.g., SCIN v. SCC). The major finding that there are few differences between the SCIN and the SCC classes raises some interesting questions–practical as well as political. On the measures which were examined few differences were noted, but are there other differences (e.g. qualitative) which were masked by the data that must be considered. For instance, the amount of time spent on teaching a certain subject area might be similar but are there qualitative differences in how they are taught which might play a role. I think these data are useful for obtaining a better picture of what is happening at this point in time. However, most of what was studied were process variables. It will also be important to study outcome variables of students in these different educational arrangements.

Current Issues and Future Prospects in Mild Mental Retardation Classification and Placement

Daniel J. Reschly, Ph.D.

There are really two premises from which I want to attack problems in classification and placement in mild mental retardation. The first premise is that nearly all assessment problems are based on conceptual issues. That is especially true in the area of adaptive behavior. The second is that we ultimately have to make decisions about programs on the basis of outcomes criteria. Rather than making decisions on program quality based on inputs such as the amount that we spend, the characteristics or attributes of the program, or the ratio of teacher to students, we need to look at outcomes criteria. What difference does it make to kids overall, and are those differences, in the best interest of kids. Does program participation expand competencies and increase opportunities?

There have been massive changes in mild mental retardation (MMR) over the last fifteen years. Those changes are probably described best by MacMillan, Polloway, and Smith. One change is particularly dramatic, the decline in numbers. There are thirty-five percent fewer students classified as mentally retarded, now than there were in 1976. Most of these changes including the decline in numbers have been driven in one fashion or another by litigation.

Litigation

Litigation challenging discrimination against minority students due to overrepresentation in special class programs for the mildly retarded has occurred in all sections of the United States. The early cases in California and Arizona settled by consent decrees were highly influential on state and Federal legal requirements. Recent court cases on overrepresentation have yielded contradictory conclusions regarding minority overrepresentation and the fairness of traditional measures of intellectual functioning, achievement, and adaptive behavior. These cases have been analyzed extensively in a recent set of papers (Reschly, et al., 1988a, b, c).

In Larry P. IQ tests were banned, and the State of California was enjoined from having programs that had reflected overrepresentation of minority students. Moreover, the Larry P. ban on IQ tests was expanded in 1986 to include any conceivable use of IQ tests with black students, including inclusion of the results of an IQ test in the student's folder that came from out of state. That information according to the most recent order has to be deleted from the child's folder. In contrast, Marshall involved the same issues but resulted in different conclusions. IQ tests use was upheld, and overrepresentation was ruled permissible in that decision.

The placement bias litigation involved a number of implicit assumptions and underlying issues. Among those issues or assumptions were concerns about the nature-nurture issue, IQ test bias, ineffective MMR programs, and the role of adaptive behavior. Although the decisions have been different, there are some consistencies across the cases that almost certainly would be applied if the state of Iowa, or any of our districts, is taken to court on the overrepresentation issue. The first is application of AAMD (AAMR) criteria. If we are ever taken to court on our IQ criteria, I think that the AAMD scheme would probably be imposed resulting in an IQ cutoff of 75 or 70. The second would be far greater emphasis on the assessment of adaptive behavior and for clearer specification of adaptive behavior deficits as a prerequisite to placement. Third, greater use of regular education options and less restrictive options like resource placement for students that are close to the IQ cut off points would be required. Fourth, I think we would be required to meet an equal treatment notion of fairness (i.e., we would have to be able to show that regardless of the race of the student, the same decision making processes are used). Each of these implications from the litigation has a potentially large impact on Iowa students in MMR programs.

Placement Options

One problem in Iowa is excessive use of special classes for students with MMR. This is especially problematic with young students. The change from regular class all of the way to special class at initial placement is often unwise. Nearly all students with MMR should be placed in resource for at least a semester prior to considera-

tion of special class placement. The major implication of the two options is the kind of curriculum the youngster receives. As long as the student is in resource, they are pretty much within the regular school curriculum. When they go to the special class, they are almost always into a different curriculum.

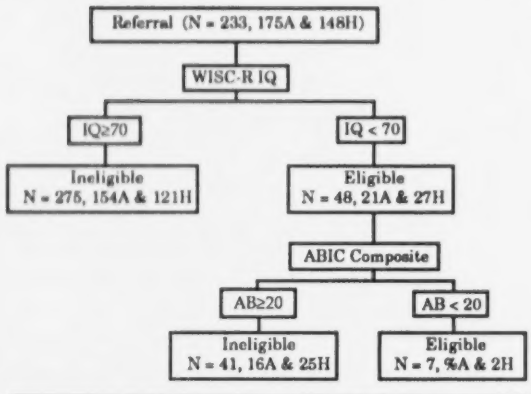
Consider this problem. There is this twelve year old student in South Overshoe who has been in special class for three years. He is being reevaluated. His IQ is 88. What should we do now? There are no good choices. But if the student had been in resource, the dilemma would not be nearly so great. There is time to move the student to a more restrictive option, if needed, and if necessary. Younger students who are close to the cutoff points should be in resource as the initial placement.

Adaptive Behavior

Another critical issue is the conception of adaptive behavior. Conception of adaptive behavior involves as least six issues. First is the purpose of adaptive behavior assessment. Second is assessment methodology used for decision-making in terms of the degree of emphasis on reviewing records, interviewing, observing, or testing. Third is setting, in-school versus out-of-school. Which is the more important setting in the assessment of adaptive behavior for school age students? The Marshall court said both are important, but if they are inconsistent, in-school could have a higher priority. The fourth issue is source of information, with three major sources to consider: teacher, parent, or student. A fifth issue has to do with whether or not certain optional domains are included. The sixth is the extent to which underlying cognitive competencies are included. Eligibility decisions are influenced by each of these conceptual issues, and the impact is substantial!

In recent work I have argued for four domains of adaptive behavior based on some factor analysis results, the kinds of decisions that need to be made with students as well as the kinds of interventions that students need. Those four domains are independent functioning, social functioning, functional academics, and vocational/occupational skills. I would advocate development of a position paper on adaptive behavior at the state level. That position paper needs to provide guidance on the conceptual decisions and on decision making procedures.

The information in Figure 1 illustrates the influence of adaptive behavior conception on the population of students with MMR. These are the



Source: Talley (1979) Pueblo Colorado
Key: A=Anglo (White); H=Hispanic; WISC-R=Wechsler Intelligence Scale for Children-Revised; ABIC=Adaptive Behavior Inventory for Children.

Figure 1. Effects of ABIC on EMH Eligibility.

Pueblo, Colorado results with the SOMPA Adaptive Behavior Inventory for Children (ABIC) (Talley, 1979). The effects of the ABIC using a -2 standard deviation criterion was to virtually wipe out eligibility for MMR practically. No one failed the ABIC. The ABIC represents a conception of adaptive behavior that restricts content to non-cognitive skills, employs the interview method, uses the parent as the respondent, and focuses on the out-of-school setting. Other conceptions and instruments yield different results. The question is, which approach relates best to outcomes criteria?

IQ Cut Off

A lot of discussion will occur at this meeting on where the IQ criterion should be in Iowa. What I would like to illustrate with Table 1 is that regardless of where we put the cut off score, there will always be more kids at the margins than there are at lower ranges. In Table 1, you can note that the cut off score of below 70 yields 2.28% of the population (not in Iowa but nationally) eligible for MMR. If students within 5 points of 70 are seen as potentially eligible, we find that there are more students at the margin than there are below 70! As long as we are dealing with IQ criteria, with a cut off score that attempts to impose a dichotomy on kids, a dichotomy that says you are either handicapped or you are not handicapped, we will always have several problems at the margins. Furthermore, we will always be making arbitrary decisions, deciding yes, this kid with an IQ of 86 is not retarded, and this kid with an IQ of 84 is.

Table 1

Effects of Different Cutoff Scores Assuming Normal Distribution of Scores

Cutoff Score	Percent Included
Below 70	2.28
70 & Below	2.68
Below 75	4.75
75 & Below	5.48
Below 80	9.18
80 & Below	10.20
Below 85	15.87
85 & Below	17.62

Special Education Reform

The only solution to this situation, it seems to me, is to establish a system that looks much more like a broad continuum than a sharp dichotomy. It makes no sense for regular education to exist at one level and then there to be a huge cliff, figuratively speaking, that some kids fall over and thereby gain access to special education. We have a dichotomy now. Students' needs are not on a dichotomy. Students' performance on educationally relevant characteristics is not on a dichotomy. These skills are on a broad continuum. Rather than spending so much time on decisions involving students at the margins, we need to change the system to reflect students' characteristics. Overclassifications and options need to be developed around broad continuum, not dichotomy.

I urge all of us to be thinking about what is possible. We have a good opportunity today to produce significant changes in the delivery system with the blessing of Washington, D.C., through Madeline Will's regular education initiative, and with the support of the Bureau of Special Education, with the leadership of Frank Vance and others. We have greater opportunities today than we have ever had. Let's commit ourselves to developing a system that meets those fine gradations of differences exhibited by students.

JRP Reaction

To anyone who is current with Dan Reschly's work, this paper will not be surprising. Dan articulates his thinking very well and provides us with a number of challenges that are worthy of further in-depth study. Dan supports the need to look at outcome data on students. He questions the use of self-contained settings with young students who are mildly mentally disabled. This idea would be good advice for many school systems across the country. Dan advocates that these students be given a trial period in resource settings prior to moving them to settings which are farther away from general education. The critical issues which are raised about adaptive measurement are not new but continue to plague the field nationally. His point about children at the margins is crucial to understanding the problems in classification and placement now and in the future. These are the kids which will always be the most difficult about whom we make decisions. The last point which I will comment upon is Dan's suggestion that we move away from the dichotomous scenario we now have between special and general education. Others at this conference and others outside this state have been arguing that more options be made available for students–other than the choice between special and general education. Alternative options have been developed in some areas and seem to be working. Of course, new ways to serve students with problems will require innovative thinking, flexible administrative arrangements, and time.

Ideas For Future Programming in Mental Disabilities

Laurence R. Sargent, Ed.D.

Future services for students with mental disabilities will be driven both by successes and failures of the past. Changes will occur for reasons related to past mistakes, litigation, and new demands on graduates of special education programs. The successes in services to students with mental handicaps will be capitalized upon and will strengthen parts of the programming efforts in schools. Why make changes?

Despite having one of the most respected special education delivery systems in the nation, services for students with mental disabilities in Iowa need re-examination. There are 11 areas listed below which are indicators of needed change. In the paragraphs that follow "high mild MD" students refer to those individuals with IQs 70-85 and "low mild MD" meaning students with IQs 55-70. Issues related to moderate, severe and profoundly mentally disabled students are not addressed in this paper.

Inadequate Assessment

The term Mental Disabilities with its reference to students who lack normal cognitive proficiency is unique to the education community in Iowa. Except for using a higher IQ, identification procedures and requirements in Iowa are essentially the same as for persons identified as mentally retarded elsewhere. Although students can be easily identified as having low IQs and deficient academic performance, a majority of the MD students in Iowa have been identified without the benefit of a standardized adaptive behavior assessment. The primary reason for this is that most adaptive behavior assessments simply do not discriminate levels of functioning among slow learning children. Often these nonstandard procedures are simply academic achievement tests. Therefore, it is questionable that many of the student who score between one and two standard deviations below the mean on intelligence tests are any different than many other slow learning students who are not identified.

Unsupported Premises

Historically, services to students with mental disabilities resulted from premises which have not always been accurate. For example, Kirk and Johnson (1951) originally believed that students with disabilities would be better served in segregated special classes because the youngsters would be less frustrated and would exhibit fewer socially inappropriate behaviors. Another premise was that teachers in special classes used special and more effective techniques that would result in more learning. Although there is some truth to this logic, research findings often refute the assumed benefits of special classes.

Efficacy Studies

Between the 1930s and the early 1970s, researchers conducted a number of studies to determine the efficacy of serving students who were educably mentally retarded students in special education classes. Although sometimes equivocal, results from these studies indicated that students in special classes performed at lower levels in reading, math, and self-concept, and the net benefit to students was negative (Kavale & Glass, 1982). During the time that nearly all the efficacy studies were conducted, the upper IQ limit for classification as educable mentally retarded was 85. Today, throughout most of the nation, more stringent criteria are used to identify students with mild mental handicaps. Thus, for most states the conclusions drawn regarding the efficacy and appropriateness of special classes are no longer meaningful, but in Iowa, they remain valid.

De Facto Segregation of Students with Mental Disabilities

Some professionals concluded from the efficacy studies that students with mild disabilities should be educated in the mainstream (Dunn, 1968; Lilly, 1971). At the same time, great inequities were perceived in how minority students were placed in special education. Civil rights law suits such as the Diana case (1971) in California led to changing identification criteria and massive decertification in many states. In Iowa, state officials changed the label from EMR to Mental Disabilities, but they kept essentially the same identification criteria with an upper IQ limit of 85. The principle of educating students with handicaps in settings with nonhandicapped students

for as much as possible was written into state law and a continuum of services was established in state rules. Unfortunately, application of that continuum varies greatly across the state. Results from the *Iowa Mental Disabilities Research Project* (1987) indicate that while 20% of the students with mentally disabled are placed in resource rooms, 80% are placed in some form of special class. Although there are two types of special classes and one is assumed to be less restrictive than the other, the data indicate that there is virtually no difference in the amount of integration which occurs. Further, the Resource Teaching Program is rarely used for students with mental disabilities. Within some Area Education Agencies, over 95% of the students with mental disabilities are placed in special classes. Due to the distribution of students by IQ within the mental disabilities category, two thirds of students cluster in the upper half of the mild range ("high mild MD"). For these students, the results of the earlier efficacy studies appear to be valid. If those studies are true indications of the benefit of special classes, the practice in the Iowa of de facto segregating most students with mental disabilities into special classes is detrimental to achievement and clearly contrary to the spirit of P.L. 94-142 and state law.

What Special Curriculum?

An argument can be made that the curriculum in special classes is different from general education, but the results of a recent observational study indicates that special class programs in Iowa schools are largely academic (Casey, 1988). The impact of the wide IQ range appears to be that instruction is focused at the more able students who can acquire academic competence and that functional programming for students at the lower end of the range is not provided. A tendency exists to remove low performing students from classes for students with mild disabilities students and put them in settings with students with moderate retardation. These are students perceived as failing in regular schools, but an examination of instruction design often reveals inappropriate programming. In special classes in Iowa, Casey's (1988) data indicate that only 6% of instructional time is allocated for social skills and 0% is allocated for community training.

Special Techniques are Not So Special

Proponents of the current system of placing students in special categorical classes often state that specially trained teachers using special techniques will be able to teach more to the students. When reviewing instructional procedures, Close, Irvin, Taylor, & Agosta (1981) indicated that direct instruction procedures used with disabled students were clearly more effective than some of the individualized instructional approaches attempted in special class settings. Hunter (1982) presented a similar direct instruction approach as being research proven for regular education students. Heller, Holtzman and Messick (1982) reporting on a study conducted by the National Academy of Science stated that "similar instructional processes appear to be effective with EMR" and other children with learning problems. Further, it does not appear that categorical training or certification of teachers makes any difference in student learning (Marston, 1987; Newhouse, 1981). In conclusion, there appears to be little justification for categorical special classes for high mild MD students and little justification for programming which differs from that of other slow learning children (Idol- Maestas, Lloyd, & Lilly, 1981).

Relative Standing and Real Disability Do not Equate

The issue is often raised in Iowa that students who have low intelligence are at a disadvantage because both achievement and IQ are two-thirds of a standard deviation higher than national averages. This discrepancy is often used to justify the use of a higher IQ score for identification and service under the mental disabilities label. While this argument may appear logical, it is not sound when the usual intervention is placement in a special class where the instruction is no more effective than in regular class settings and where that placement in general has a disabling effect on these labeled students. Further, if intelligence tests are more than child sorting devises, these instruments should be useful for other purposes such as measuring cognitive proficiency. The decision to place a student in a special class should be based upon the child's special needs, not the student's relative position within a group. Unfortunately, current practice in Iowa is to segregate students on the basis of their relative standing within a superior functioning group and not because they lack essential competencies.

Nonproductive and Expensive Evaluations

Another factor common to all areas of special education, and not just mental disabilities, is the huge cost and doubtful benefit of all the evalu-

ation procedures. Current estimates indicate that the cost of identifying a student as mentally disabled is $1200. Students with mild disabilities are among those referred to by Reynolds, Wang and Walberg (1987) as the "judgmentally handicapped" because they differ so little from other slow learning students. Gartner (1986) refers to current identification practices as being tantamount to performing a "CAT scan for a splinter." Forness and Kavale (1984) argue that intellectual testing and other procedures provide little in the way of information to diagnose educational needs and plan instructional interventions. Reschly (1982) states that "assessment which does not result in effective interventions should be regarded as useless, and biased..." Since there seems to be little benefit to being identified and served in a special classroom for the high mild MD child and since evaluation procedures are of minimum instructional value, the expense of current identification procedures can not be justified.

Costly Service Delivery Models

In addition to identification costs, serving many students in special classes taught by special education teachers with the primary purpose of presenting academics is not warranted. As the data indicate, elementary programs in special classes are primarily academic with most of the time being spent on reading, math, and writing. Obviously the students are way behind their peers in academic achievement, but it must be asked whether or not special education is the best treatment for this delay. When looking at the training of teachers certified in Mental Disabilities and comparing their training with that of Reading Specialists, the special education teacher is not nearly as well prepared. The MD teacher only needs 20 units of undergraduate credit while the reading specialist is required to have a master's degree with 30 units in reading-related courses and one year of teaching experience. These remedial specialists working on both a consulting basis and in remedial pullout programs serve far more students than a special class teacher. They typically see students in small groups of five or six and can serve over 30 students in a day. In contrast, the special education teacher in a special class serves only 12 students per day. A merged system of special and remedial education could be far less costly and appears to be just as effective.

Need for a Functional Curriculum

In most states, attempts made to deal with both the efficacy and over representation of minorities issues were to simply make eligibility criteria more stringent and provide mainstreaming models. In many cases, students were labeled something else, placed in resource room programs, or received no service at all. This approach protected students from being misidentified as mentally retarded, but it did not accommodate their educational needs. It is important to consider the results of efficacy studies carefully. One obvious problem with these studies is that they examined the effect of special class programming only for elementary students. Conclusions drawn regarding the effectiveness of special classes from those studies can not be made for students at the secondary level. Nearly all of these studies compare reading and math achievement, but none examined areas such as career awareness, job seeking and keeping skills, and on-the-job work habits. There is no indication that the changes such as merging regular and special education which appear appropriate at the elementary level will also be appropriate at the secondary level. Edgar (1987) points out that IEP objectives for mildly handicapped secondary students remain overwhelmingly academic and that few handicapped students move from school to independent living. The efficacy of secondary programs is still very questionable, not because less is achieved than in regular education, but because it does not meet its objective to prepare youth for employment. National statistics indicate that 30% of the mildly handicapped drop out (Edgar, 1987). Equally as bad, among those who graduate, only 4% of the EMR population work for more than the minimum wage and only a small number of the mildly handicapped graduates hold full-time unsupported jobs. Edgar forcefully advocates a radical shift to a more functional curriculum because he is convinced that secondary special education as currently practiced is a dismal failure.

Funding is a Disincentive to Integration

Federal and state law call for education of handicapped students in the least restrictive environment. Unfortunately, those same laws created funding systems which are disincentives to integration. With Iowa's weighted pupil formula, the more time a student spends out of regular education the greater is the amount of money which is generated. When the Assisted Learning Environment Model which provides services to handicapped students in the regular classroom was successfully implemented in a New York City school, the state threatened to

reduce funds because students were no longer removed and placed in special classrooms (Wang & Reynolds, 1985).

Proposal for Changes

Recommended Changes for "high mild MD"

Changes in identification, placement, funding, and programming for the high mild mentally disabled students in Iowa must be accompanied by changes in regular education. The following proposed changes appear warranted at this time:

1. The first change that seems appropriate is to merge the categories of high mild MD, LD, mild BD, Chapter I, and other remedial programs. Polloway and Smith (1983) suggest the term "Educationally Delayed." Moreover, as Forness and Kavale (1984) mention, extensive diagnostic workups would not be necessary.

2. With the need to fit students into diagnostic categories reduced, a system of curriculum based assessment should be developed that focuses more on the needs of students.

3. Interventions should be located in the regular classroom by increasing the resources and assistance to regular class teachers. The existence of teacher assistance teams, peer tutoring strategies, cooperative learning strategies, and consulting teachers will enable regular classroom teacher to program appropriately for students with mild learning problems.

4. Regular education should broaden its remedial and alternative curricular options. With a merging of resources for slow learning students, appropriate options for non-college bound students should be offered. At the present time, there is only regular or special education without a continuum of services.

5. Changes in funding procedures are warranted at this time. Consideration should be given to systems which charge for services delivered as opposed to the current system which funds only removal from the regular classroom. Computerized data-based procedures now make this system possible. Block funding which can be used in a non-categorical and merged service approach should be considered in future funding systems. Also, incentive should be built into the funding system to increase integration.

6. As an interim step and after implementing remedial and alternative curricular offerings in general education, the maximum IQ for students labeled as mentally disabled should be lowered to 75 with comparable deficits in adaptive behavior. This practice could be dropped after sound curricular-based assessment procedures are developed.

The recommendations listed above are based on personal experience and current thinking within the field. Furthermore, they are applicable only to those students identified as "high mild MD." Poor adaptive behavior, frequency of secondary handicapping conditions, and organic base for the disability are far more likely among the "low mild MD" population. They resemble what Polloway and Smith (1983) call the "new EMRs" and they suggest that non-categorical programming is probably not appropriate. Moreover, the poor potential for mainstreaming of this group should be acknowledged (Polloway, Patton, Epstein, Cullinan, & Luebke, 1986). Based on their post school success, efforts on behalf of these students should be directed at teaching essential adult competencies including a major emphasis on social skills and work training (Edgar, 1987; Gresham, 1982; Polloway, Epstein, & Cullinan, 1985). At the secondary level, the goal to have low mild MD students proceed through the regular education curriculum is not in their best interest.

Recommended Changes for "low mild MD"

The results of several follow-up studies of special education graduates indicate that young adults with mild retardation are not doing well. Only about 30-40 percent are employed full-time and over 80% live at home. A much more functional curriculum with work training opportunities should be implemented (Edgar, 1987; Hasazi, Hull, Finch, & Salembier, 1985; Mithaug, Horiuchi, & Fanning, 1985). The following recommendations are indicated because they are based upon the correlates of greater adult success:

1. Students should be provided a functional curriculum in classrooms located in regular education buildings.

2. Social skills and community-based training should become a mandatory part of the cur-

riculum.

3. Specific vocational training should be part of secondary student's programs.

4. At the secondary level, the goal for MD students should be to have the students hold nonsupported part-time jobs before graduation.

5. Instruction in independent living skills should be an essential part of the curriculum for students served in special classes.

6. Interagency agreements must be made in communities to establish job training sites.

7. The classroom models, Special Class with Integration and Self-Contained Class with little integration used in Iowa, should be merged and incentives to encourage appropriate integration should be built into the funding system.

Survival in the Information Age

Students with mental disabilities appear to be the least able to adjust to the new demands of the information age. As educators we must begin immediately to explore ways to prepare students for the world of work that is constantly changing. Efforts should be placed on teaching job changing skills, learning new skills on the job, finding information, and dealing with large amounts of leisure time. All of our instructional efforts must include strategies to facilitate generalization.

Concluding Comments

Special educators in Iowa have always exhibited a level of professionalism which is higher than that found in many other parts of the country. Student evaluations are more comprehensive, academic achievement in special classes is greater, and due process procedures are followed more rigorously. We have a right to feel very proud of the way we conduct our business. However, we must analyze the impact of our work on students, its cost-effectiveness, and the benefit to our communities. From my perspective, considerable change is warranted for large numbers of students labeled mentally disabled. The high mild MD students are handicapped only in the sense that their relative standing in a superior group is low. We, as special educators, must focus our efforts on those who are truly "functionally handicapped" and provide educational experiences which are directed toward teaching competencies required in adult life.

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JRP Reaction

Larry Sargent's paper is well-organized and presents his ideas in a very orderly fashion. There is no need to go over all the points he raised; however, a few of his remarks should be underscored. Larry, as have others, advocates the need to look at outcomes. This is a theme which runs throughout many papers in this document as well as the conference itself. The curricular topic surfaced again. Larry points out accurately that most programming is largely academic with little or no attention given to functional needs. This is a problem nationally and has recently been studied by a number of researchers. Another issue which is given attention and is worthy of future discussion is the excessive costs of conducting a comprehensive evaluation of a student. The offshoot of this is how little instructionally-useful information is derived from such an extensive assessment of the student. There is a suggestion in this paper that some thought be given to combining special education and other compensatory education programs. It might provide one way of looking at a continuum of services for students "at risk" for school problems and potential failure. The political implications of how special education in the State of Iowa is funded is also presented. Larry suggests that the current system actually provides disincentives (i.e., less money per student) to moving students closer to general education.

Changing Families: Impact on Education

Deb Brower

The information to be discussed in this paper will evolve around a basic premise:

> The family is the most powerful human social and economic institution, and it predicts how well the youngster will do, what kind of job he or she will have, what kind of friendships he or she will make, and the kind of self-esteem he or she will have. (Anderson, 1986)

Consider the following in support of the importance of family-school interaction:

> ...The single best way to improve elementary education is to strengthen the parents' role in it... (Bennett, 1986).

> ...In both regular and special education, it is important that school staff seek the participation of parents and ensure that parents are informed and understand the variety of ways they can be involved in their children's education. (Effectiveness Indicators of Special Education: A Reference Tool, National RRC Panel on Indicators of Effectiveness in Special Education, produced by Center for Resource Management, Inc., Mid-South Regional Resource Center, 1st Edition, 1986).

> Parental involvement helps children learn more effectively . . . Parents are their children's first and most influential teachers . . . (Bennett, 1987).

Why is this information important? Or is it? Do schools really need family participation? The answer, of course, is yes. The benefit of collaboration and family involvement in their children's education is widely recognized and documented. Families of children with disabilities and schools are inevitably related. Families of children with exceptional problems spend a significant amount of time interacting with professionals, much more than families of "normal" children (Gallager, Beckman, & Cross, 1983).

Information about the changes that have occurred in family styles and structures has the potential for great impact on how parents and educators relate. This information also has implications for structural changes in the ways school work with families. It is important to recognize that the blueprints we have created for interaction in American schools are ritualized and ineffective (Swap, 1987). The blueprint is based on a homogeneous definition of "family." How "family" is defined in terms of membership characteristics has changed tremendously. In the past, the term was generally associated with a very specific arrangement which usually included mother, father, and children.

Families are heterogeneous and comprised of many different people: parents, sons, daughters, husbands, wives, grandparents, aunts, uncles, cousins, in-laws, and friends (Turnbull, 1986). Family means different things to different people. As society is viewed as more and more heterogeneous in nature, so are families.

To help focus the discussion of families and educators further, a definition of "family" will be presented here. When the term "family" is used, the reference will refer to the following definition:

> ...The unit of people who are related by blood, marriage, or deliberate association and who share responsibilities for meeting individual or collective needs. (Turnbull, 1986).

What did families "look like" fifty years ago? What do families "look like" today? To understand the importance of these differences it's crucial to examine the status of families today. Roger Kroth, in his book *Communicating with Parents of Exceptional Children* compares the family styles of "then" and "now" (Table 1).

Families no longer have the same kind of support systems. For many families, gone is the

TABLE 1
Families—Styles and Structures

	THEN	—50 YEARS— NOW
Family Composition	Many members Extended Intact (Ozzie & Harriet)	Few members Nuclear Reconstituted Alternative styles
Family Interaction	Work, play games, talk together (2-3 hours a day) Intergenerational	Little family work Parallel TV viewing (average 7 hours a day) 15-20 minutes interaction per day
Family Work	Mainly fathers Family businesses	Both parents (70% of the time)
Neighborhoods	Much interaction Ethnic Rural/small town	Anonymity Integrated Urban
Education:	Less than one-half finished high school Few went past high school	Most finish high school Many go on to post high school education
Orphanages:	Some	Very rare
Child Abuse:	???	Currently a problem
Divorce:	Rare	Common (over one-half of children will live in single-parent family by age 15)

time when grandparents lived with or around the corner from their children. Individuals are more transient than ever before and do not have access to aunts, uncles, and cousins and other extended family members who used to provide emotional support to families.

Neighborhoods and the "sense of community" that close-knit neighborhoods once provided are not nearly as prevalent. The increase in dual-career families has caused a decrease (a) in the amount of time neighbors have to interact with one another, and (b) even in the degree of familiarity one has with neighbors.

One factor that has remained constant in terms of a support structure is the "school." Schools are still viewed as being the focal point of many communities. Families are now turning to schools to provide the system of support that many have lost because of societal changes and its impact on families. This is a role that most schools are not prepared to fill nor are educators trained to meet (e.g.,providing emotional support to families that is no longer available through an extended family network).

William Bennett in *First Lessons: Report on Elementary Education*, (1986) makes the following predictions on the family circumstances of 100 children born in 1986:

- 12 Have unmarried parents
- 40 Have parents who will divorce before child is 18
- 5 Have parents who will separate
- 2 Have been born into families where 1 parent will die by the time

child is 18

- 41 Will reach age 18 in "Traditional Family Units"

Consider the predictions made by Secretary Bennett and compare them to national statistics on families. In a recent report compiled for the U.S. House of Representatives Select Committee on Children Youth and Families, (1987) researchers found that:

- 64% of all children were living with both biological parents
- 21% of all children were living with mother only
- 9% of all children were living with one biological parent and a step-parent
- 3% of all children were living with father only
- 2.6% of of all children were living with neither parent

Both the predictions that Secretary Bennett made and the data presented above reinforce the fact that families have changed and that they will continue to change. More importantly, these data would suggest that there is no longer a "traditional family" unit. Some of the resultant effects that this has had on schools include:

- Schools/Educators have become the extended family that many families lack.
- Emotional support for families is often sought from schools/educators.
- Schools and Teachers are viewed as having less authority while families are counting on schools to do more for families.

These implications point out a glaring gap in our system that is influencing the school's ability to meet the needs of families. Most teachers are not trained to provide the type of support that is currently being sought by families from schools. While the data on effective schools and excellence in education verifies the importance of parent involvement, few teacher training programs require course work in ways to involve families.

Part of a six-year parent involvement project conducted by the Southwest Educational Developmental Laboratory included surveying teacher educators about the inclusion of parent-teacher relations in their courses. Only 4% of the 575 teacher educators surveyed indicated they taught a complete course on the topic; 15% reported providing part of a course, and only 37% reported having one class period on the topic (Chavkin & Williams, 1988). Most of what teachers learn about working with families is learned through "on-the-job" experience not through systematic training. This puts added stress on teachers and families that seriously affects their ability to communicate effectively.

Because of these circumstances, many barriers have been created and exist between families and schools. In a recent study conducted by Don Davies of the Institute for Responsive Education, several barriers that often block communication were identified by parents and teachers located in Boston, England, and Portugal. Barriers with particular relevance to this discussion are:

- Communication between schools and poor families is mostly negative.
- Most of these parents are contacted only when their child is in trouble.
- Children from families who don't conform to middle-class norms are seen by school officials as having trouble in school.
- Teachers and administrators appear to think of these families as being deficient and concentrate on problems rather than the strengths of families.
- School staff tend to believe that the problem of parents being hard to reach is the fault of the parents, not the schools.
- Many poor families have a low assessment of them-

selves in their ability to be involved in their children's schooling. (Education USA, November 1987).

These are powerful findings. In order to overcome existing barriers and avoid erecting new barriers, it is important to remember that it is unrealistic to expect that there will be a trend back to the traditional family scenario with the economic pressures and life styles of today and it is certain that families will change even more (Sway, 1987).

Schools have not kept pace with the changes that have occurred in families. Some attempts have been made to accommodate families; breakfast and hot lunch programs exist in more schools, evening conferences are scheduled as an alternative to day meetings, latch-key programs, and before and after school child care programs are being developed and implemented in many schools. Schools, however, will need to change even more to meet the demands of families.

In addition to the implications for structural changes in school, the information presented here strongly suggests the need for examining expectations as they relate to family/school interactions.

Educators still express disappointment when attendance is low at parent-teacher conferences, when only mothers attend school conferences, when parents don't volunteer to work in the classroom or chaperone field trips. Lack of participation is seen as lack of interest and involvement. Instead, this should be an indication that schools may be asking families to participate in ways that are no longer realistic or possible under their current family structure and circumstances.

One major factor that limits family participation in activities planned by schools is the working schedules of parents. To learn more about the factors that hinder interaction between the home and school the Southwest Educational Developmental Laboratory with funding from the National Institute of Education, conducted studies on ways to improve home-school interaction. One study, the "Working Parent Project," reported the following:

- Parents had difficulty scheduling day conferences.
- Flexible work policies and practices regarding short-term leave were related to parents' involvement in school.
- Flexible leave allowed parents to deal with minor complications; childcare arrangements and transportation.
- Inflexible leave policies negatively affected parental involvement.
- It appears that school involvement remains the mother's responsibility.

Schools can be more responsive to families in regard to scheduling meetings and by planning alternative ways in which to share information with families. Frequent, informal contacts with families have been identified as a preferred alternative to school conferences (McCarney, 1986). Examining preferences of families regarding participation is a critical component to successful interaction. Individualizing family participation is as important to successful interaction as individualizing for students is to student progress.

To summarize, the following recommendations should be considered to ensure schools are recognizing and meeting the needs of changing families:

1. Explore and provide for untraditional options for meeting times and places to discuss student progress.
2. Seek to develop relationships with parents based on mutual respect for their roles in achieving benefits for students with disabilities.
3. Incorporate what students and their parents say they need with the education services necessary to meet those needs.
4. Recognize the families' strengths and build on them.
5. Seek input from families concerning the improve-

ment of education.

6. Train teachers and other educators to work with families as partners.

7. Find ways for families to help each other. Parent-to-parent support can take the burden off school as the sole provider of support and help for families. (Rich, 1988)

8. Avoid value judgments regarding family structures that can hinder communication.

9. Develop an infrastructure. This means connecting schools more formally with the rest of society: family, home, and environments outside school where children spend time. (Rich, 1988)

As stated earlier, families and schools are inevitably related. If we are to truly serve individuals with disabilities effectively schools must recognize and respond to the changes that have occurred in family structures and composition. Schools and families have the greatest responsibility for the success of young people in our society and the ability to meet the challenge.

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JPR Reaction

There has been a discernable trend over the course of the last few years to expand our focus from parents to families. Deb Brower's paper supports this notion and highlights many of the important changes that are occurring in families today. There are many major points in this paper

which have been given national attention. Teachers need to be very aware that families differ greatly and that they will interact with schools very differently. This suggests that teachers are advised to be sensitive to family characteristics and needs and be ready to deal with variant situations. Deb's point about families turning to school for different types of support accentuates this situation. What this strongly points to is better teacher preparation in this area. As Wilson remarks in her paper later in this document, few teachers are required to take coursework in working with families/parents. It seems that if we are encouraging more and more family involvement in the schools, then our teachers need to be better equipped to participate in this interaction. Deb also suggests that teachers determine family preferences about various aspects of the schooling process. For instance, it is advisable to assess the type of contact that a certain family would like to have with the school and teachers. The importance of families in securing services for their children is obvious, but none more so than when their children leave school. We will do them a great service by empowering them with skill, knowledge, and confidence.

Impact of Public Law 99-457, Part H - Handicapped Infants and Toddlers Across the Life Span of Students With Mental Disabilities

Peggy Cvach, Ph.D.

The most important piece of federal legislation affecting special education since the passage of P. L. 94-142 in 1975 was signed into law by President Reagan on October 8, 1986. Public Law 99-457 amends P. L. 94-142 and extends a free appropriate public education to children three through five who have handicaps and, at states' discretion, comprehensive services to infants and toddlers with handicaps.

Part H, the new part of this legislation, addresses the need to enhance the development of handicapped infants and toddlers and to minimize their chances for developmental delay; reduce the education costs to our society, including our schools; minimize the likelihood of institutionalization; and enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps.

Testimony during hearings held by the Senate Subcommittee on Select Education and early childhood research indicate that early services accomplish the following:

a) help enhance intelligence in some children;

b) produce substantial gains in physical development; cognitive development, language and speech development, psychsocial development and self-help skills;

c) help prevent the development of secondary handicapping conditions;

d) reduce family stress;

e) reduce social dependency and institutionalization;

f) reduce the need for special class placement in special education programs once the children reach school age, and

g) save substantial costs to society and our nation's schools.

The Committee on Education and Labor therefore concluded that an overwhelming case exists for expanding and improving the provision of early intervention and preschool programs. As the new Section 671 of the Act suggests, it is therefore the policy of the United States Congress to provide financial assistance to States to: develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for all handicapped infants and toddlers and their families; facilitate coordination of payments for early intervention services from various public and private sources; and enhance its capacity to provide quality early intervention services and expand and improve existing services.

Given the above information, is it feasible to assume:

1. That this financial assistance and support for early intervention could easily transcend into financial assistance and a similar commitment for serving students with mental disabilities across the life span?

2. That service providers of students with mental disabilities could find the need to promote a "statewide, comprehensive, coordinated, multidisciplinary, interagency program of services" for all handicapped children and their families?

There are several components in Part H that could impact services for older children—not just infants and toddlers. These may include personnel qualifications, multidisciplinary evaluations, a central resource directory, and services such as family counseling. Out of respect for the brevity of this proceedings document, this writer has chosen to discuss issues surrounding developmental delay, case management, and the Individ-

ual Family Services Plan (IFSP). This paper addresses these major components of Part H of P. L. 99-457 and the realities, advantages, and problems of adopting these components across the life span of students with mental disabilities.

Developmental Delay

P. L. 99-457 will provide services to individuals from "birth to age two" because they are:

a) experiencing developmental delays in one or more of the five development areas, or

b) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

One advantage of using the term "developmental delay" for students with mental disabilities is that students who may be "at risk" of having substantial delays or those who do not exhibit a substantial delay at the time of diagnosis could be served without a "mental disabilities" label and the use of stringent entrance criteria which requires a particular IQ. Early childhood proponents for using "developmental delay" believe the use of the term is important for young children, and advocate that its use be extended through age five (Weiner & Koppelman, 1987). Those against labeling because of its lowering expectations and children's self-esteem urge the use of developmental delay for children older than five. This is possible because the term "developmental delay" has the meaning given such term by a State. However, it is not the intent of Congress "to permit a State to totally ignore or establish standards of measurement or other definitional provisions that preclude addressing any one of the five developmental areas" (Congressional Record for Public Law 99-457).

Some service providers fear the use of developmental delay will open the floodgates letting in children who may have no place in programs for handicapped children. Barbara J. Smith (Weiner & Koppelman, 1987), a consultant in early childhood policy, argues that "states who already have gone from a categorical focus to developmentally delayed saw only a slight increase in the numbers of children who qualified" (p. 20).

Case Management

Case management services in Part H of P. L. 99-457 include services provided to families too:

a) assist them in gaining access to early intervention services and other services identified in the individualized family service plan;

b) ensure timely delivery of available services; and

c) coordinate the provision of early intervention services with other services (such as medical services for other than diagnostic and evaluation purposes) which the infant or toddler needs or is being provided.

It is intended that case management be an active, ongoing process of continuously seeking the appropriate services or situations to benefit the development of each infant to toddler being served for the duration of each child's eligibility.

Case management services are particularly crucial when families and children go through transition periods. Early childhood special education recognized three transition periods where case management is critical:

a) from hospital to home;

b) from home intervention to center-based programming; and

c) from center-based programming to school-age services.

Case management would prove beneficial to school-age students with mental disabilities and their families also. As a student and his/her family begin preparing for life after school, they juggle numerous agencies and service providers, each of whom is necessary to complete the comprehensive full circle of services.

The concept of case management services is a positive one and initially appears to be beneficial to all involved. This may not always be the case. Problems are inherent in planning a case management system or choosing a case manager. First, some families and students do not desire a case manager to coordinate agencies with which they come into contact. Even if they do accept case management services, it may become a real problem for the team to decide who the case manager should be. Many professionals who at first thought only they could be a family's case manager now believe parents or the student (if capable) should serve as the case manager. If that is not possible, professionals feel it is their role to enable or empower parents to eventually serve in

the case manager role, or at the very most, to serve as a co-case manager with the parent.

Some of the above problems may be averted if professionals become more knowledgeable about case management. The Iowa Governor's Planning Council for Developmental Disabilities conducted a study on the Iowa Department of Human Services' Case Management Services for Iowans with Developmental Disabilities. In its study summary (Imlau, 1986) features of a qualitative case management system are outlined. Most distinctive features are:

a) it views the client as a whole person, supporting and enabling him/her to plan and shape his/her own services;

b) it is an ongoing process;

c) it focuses on the client's needs and not on the service delivery system's structure;

d) it features a built-in monitoring system; and

e) it is designed to make the total delivery system accountable and responsive to the client's needs.

This last feature encompasses the intent behind P. L. 99-457—the development of a comprehensive, total, multidisciplinary service plan. Students with mental disabilities and their families will benefit from a case management system within a comprehensive service plan in order to tap all of the resources—public and private—within their community or neighborhood throughout school and into adult life.

Individualized Family Service Plan (IFSP)

New Section 677 (a) of P. L. 99-457 states that each handicapped infant or toddler and the infant's or toddler's family must receive a multidisciplinary assessment of unique needs and services appropriate to meet such needs and a written Individualized Family Service Plan (IFSP) developed by a multidisciplinary team, which includes the parent or guardian.

Under subsection (b), the IFSP must be reviewed once a year and the family provided a documented update of the program at least at 6-month intervals. The plan must be in writing and contain the following statements:

a) the infant's or toddler's present levels of development based on objective criteria;

b) the family's strengths and needs related to enhancing the development of the family's handicapped infant or toddler;

c) major outcomes expected to be achieved for the infant or toddler and the family;

d) services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity and the method of delivering services;

e) projected dates for initiation of available services and the anticipated duration of such services;

f) the name of the case manager from the profession most immediately relevant to the infant's and toddler's or family's needs who will be responsible for the implementation of the plan and coordination with other agencies or persons; and

g) the steps to be taken supporting the transition of the handicapped infant or toddler to services provided under Part B of the Act.

In their focus on the family, IFSPs go beyond Individualized Education Plans (IEPs) required under P. L. 94-142. Wiener and Koppelman (1987) state that the increased emphasis on parents represents an awareness by Congress that families have a key stake and role in comprehensive services—the family as being not only recipients of services but also as drivers of the system of services for themselves—so that they have an opportunity to direct and be involved in what will be best for their children and themselves.

The family-oriented approach mandated by P. L. 99-457 addresses children's needs within the context of their family's needs. Because children with mental disabilities are only part of their total family system, it is important that they have individualized services as well as their family.

Individualized Family Services Plans for students with mental disabilities would be beneficial for students, families, and service providers alike. When people are involved and when they understand the reason for something, they are much more willing to cooperate, and are eager to cooperate. All players in a comprehensive service plan need to be involved in the decision-making process itself.

Robinson, Rosenberg, and Beckman (1988) are cautious about IFSP development, however. They state that systems (especially those which serve large numbers) become less flexible over time as a result of the implementation of policies and procedures. They urge that service providers embark upon the development of IFSPs with open awareness of the complexity of the mission and the need for flexibility in the design of the guidelines for IFSPs.

Problems in designing IFSPs are bound to occur whether the IFSP is for an infant or a student with mental disabilities. A number of professionals (i.e., Dunst, Bailey, Turnbull) who have discussed and written about family focused approaches recommend problem solving steps in designing an IFSP. Steps include:

a) designating a case coordinator;

b) assessing the family, child, and parent-child interactions;

c) reviewing the findings with the family;

d) holding a staff conference to discuss resources, strengths;

e) holding the IFSP meeting;

f) implementing services; and

g) monitoring and revising the IFSP.

Students with mental disabilities can benefit from the major components in P. L. 99-457. Yes, many professionals say that early childhood special education (ECSE) is clearly "the top issue" now; yet, many of today's infants and toddlers will be tomorrow's school-age students with mental disabilities. If ECSE providers implement P. L. 99-457 to its fullest intent, a solid foundation will be set for "students with developmental delays" to receive case management services within an Individualized Family Service Plan.

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JPR Reaction

The importance of the 1986 amendments to PL 94-142 to parents of young children who are disabled cannot be appreciated by most of us. To these parents, especially in areas where the local educational agency was not providing such services, it is a God-send. Peggy Cvach highlights two points which deserve comment. The first involve the labeling issue with these young children. The more generic terms of "developmentally delayed" or "developmentally disabled" are enjoying acceptance in many areas of the country, although terms like "learning impaired" are also being used. The need to label with these children is overshadowed by the need for specific services. Why shouldn't this be the case with older students as well. The second issue is the importance of transition. We usually associate transition with students who are exiting from high school. But it is becoming increasingly more important to recognize the sequence of transitions through which students proceed during their early lives. It is also worth noting that transitions are vertical (e.g., from infant programs to early childhood special education programs) as well as horizontal (e.g., from more self-contained settings to more integrative settings).

What I Hope to Find

Dorothy Klein

I am pleased to be a part of this conference today. I would like to thank Greg Robinson for inviting me to participate. I would also like to thank my instructors, Sarah Gill who is here today, and Dr. Doug Issakson, for their support and encouragement in preparing me for the field of special education. I am a student in the Tri-College Education Department in Dubuque, which is composed of the University of Dubuque, specializing in special education; Clarke College, specializing in elementary education; and Loras College, specializing in secondary education.

I am currently enrolled through Loras College, attending the University of Dubuque. I am a nontraditional student in the sense that I am older than the 18-22 year-old normally seen on a college campus. I have seen bulletin board notices on the University of Dubuque campus for nontraditional students to meet for brown bag lunches. I have not had the opportunity to attend these lunches, but I have thought about how nontraditional students perceive themselves. What sets them apart from other students, or how do they perceive themselves as different? I have not felt nontraditional in the sense of being ignored, discriminated against, etc. I feel that I have been accepted in my classes, the students are friendly and the professors are helpful. In a sense, I suppose I could consider myself an exceptional student. Perhaps that gives me some sense about how special education students may feel. Maybe that is why I have such a strong feeling for the right to be a part of the mainstream, for that is what I am asking of my fellow students and professors. I am asking them to accept me, despite my age, my marital status, my motherhood, and my conservative attitudes in some respects.

As a prospective teacher, I look forward to having a special education classroom I can call my own. However, in special education today, a classroom I can call my own appears to be a narrow and perhaps an outdated concept. The type of curriculum we want for our students, being treated as normal, learning with regular students, social interaction, and acceptance by peers, all demand that special educators and principals take the initiative in orienting and working with regular educators to win their support for and acceptance of integrated classrooms and new models of service delivery. P.L. 94-142 set in motion a shift in thinking which affected school administrators, teachers, students and the community.

The attitudes that handicapped people are entitled to the same opportunities for growth and development as nonhandicapped persons has begun to permeate the thinking of those involved in education. Specific school policies had first to be developed to communicate these values to school boards, directors of special education programs, principals, regular and special education teachers, parents, and the community. All of these people must develop a commitment to integration if the plan is to succeed. The attitudes teachers have towards the exceptional child determine how they work with them. As a special education professional, seeking to integrate the special student into the mainstream classrooms and settings, I expect to work in regular classrooms with my students. Changing the attitudes of building and system administrators, regular education teachers, peers and parents will require a concerted effort by special education professionals. We are entrusted with creating a normalized environment for exceptional students. Personnel involved in special education, no longer have the choice of accepting or rejecting integration. Mainstreaming can be difficult to accomplish if there is resistance from regular education teachers, if there is poor communication between special education teachers and general educators in regard to instruction, if they have a fear that special education students will not learn in the regular classroom setting, or if teachers have not been trained in how to instruct special education students.

Teachers will be better prepared to handle students if they receive training. Preservice training, which includes observation of exceptional children in the classroom, knowledge of how to teach them, and how to handle behavior problems will give teachers more confidence and better techniques in handling special students. When the ignorance and fear of special students is erased and teachers have methods to use with special students, it becomes more likely that teachers will develop a positive attitude. It is evident that administrators and teachers need to clarify their thinking as to why they should become involved with the special education student. Do administrators have a plan of action for providing inservice training to regular education

teachers to facilitate their involvement with special education students? Are they providing the leadership and structure for creating positive attitudes and interaction?

The intent of PL 94-142 was not to segregate exceptional children into special classrooms. However, as a result of this legislation, the educational system has, in effect, become a dual one. Separate curricula have been developed to meet the needs of the regular students on the one hand and special education students on the other. In actuality, the practice is to put a child in special education if he does not fit into the regular system. As a result, the child is viewed as "deviant" by peers and instructors. This practice does not conform to the original benign intent of the legislation. That intent was to emphasize the normalcy of the exceptional child. The spirit of PL 94-142 is to provide the exceptional child with an educational environment which is as normal as possible, developing in him a maturity and independence and preparation for a life as independent as his potential will permit. A key concept of special education is involvement of special children in a normal school life, thus preparing them for a normal life after graduation. Exceptional children have a great deal to teach us, things that we would otherwise miss in life. Working with these children makes us familiar with and sensitive to their needs, thus enhancing our appreciation of individual differences and providing a broader perspective of normality. Feelings of comfort and attitudes of acceptance need to permeate the thinking of all involved in instructing and working with exceptional students if integration is to be more than just a temporal phenomenon.

Toward what goal do teachers need to develop a positive attitude? The student with mental disabilities has to have deficits in both intellectual functioning and adaptive behavior. Therefore, teachers must increase their tolerance for slower learning rates, reduced verbal ability, and immature or undeveloped social skills. How are adaptive behavior and social incompetence addressed? Social incompetence can be expressed through inappropriate dress or personal hygiene. It may also involve overt behavior such as shouting, hitting, or other antisocial behavior. Social incompetence can involve the inability to be positive, attentive, approving, or encouraging when interacting with others. It is important to teach students social behavior in a systematic way, thus developing an important component necessary for mainstreaming of exceptional children. Thus, it is necessary that we provide answers to the following questions: How are we addressing the need for instruction of social skills in our schools? Do we have a systematic approach to teaching social skills in our curriculum? Is social skill instruction a part of the curriculum in our special education classrooms, along with reading, writing, arithmetic, etc.? At this time, does the state mandate that social skills be a part of the special education curriculum in the schools? Hovan emphasized the importance of friendship to facilitate integration. She states that special education students need to interact with regular students. Proximity alone does not indicate integration. Hovan advocates interaction between students by teaching interpersonal skills, forming support groups, teaching problem-solving skills. She also advocates individual instruction of special education students in the regular classroom by special education teachers. The idea is to make special education students more a part of the regular classroom than the special education classroom. The above methods are only a few of the many methods researched and developed which consciously facilitate integration through mainstreaming.

Do our schools have programs to develop a positive attitude towards special education students and their curriculum? Is this concern being given an impetus by administrators, special education consultants, regular, and special education teachers in our schools? What implications do these concepts have for the school curriculum? For the child with mild mental disabilities it means instructional and functional integration of the student for the majority of the day. Teaching methods, materials, and evaluation systems will have to be adjusted to accommodate learning differences. They might include peer tutoring, structured materials, curriculum-based assessment, a controlled number of groups per teacher, and use of teacher teams. Children's skills can be developed by recognizing and building on their strengths and interests while continuing to teach or help them develop compensatory strategies. Curriculum-based instruction will enable the teacher to base instructional decisions on their students' progress. The least restrictive environment needs to flow from the school into the community.

Students with mental disabilities have the right to participate and reside in their local community. Adults with mental disabilities can fit into our society if they are taught the adaptive skills to "make it" in the community. This requires teachers to be skillful in determining a "skill-community fit." Fitting into the mainstream at school is a first step toward community integration. Elder states that building a bridge of transition from the schoolroom to the workplace should be the goal of government and private

programs for children with disabilities. Changing attitudes and creating opportunities in the work environment will lead to self-sufficiency, productivity, and independent living rather than life-long dependency. She notes that we can bridge the gap between the school and the workplace in three ways. One, we should expect disabled children to engage in paid work when they leave school. Two, transition services should be provided through the school system, state agencies, vocational rehabilitation agencies, business, and industry. Three, private business and industry should open up opportunities for people with developmental disabilities. Elder states that we must make employment the rule and not the exception. Educators, parents, and people in industry need to be convinced that paid employment is feasible for the student with mental disabilities. This transition to active employment and independent living is the real goal of PL 94-142—to place our students into the mainstream of society in adult life.

I would now like to address some specific questions Mr. Robinson asked me to respond to during my address. What do the professionals in the field need to do to help me and new teachers. I would say that we need a positive attitude towards special education teachers on the part of administrators, parents, psychologists, principals, and regular teachers. We need to be a part of the mainstream of the curriculum process and the teamwork of the school. We also need the support to follow through on methods and concepts that we have been taught. The echo of "that's not feasible," "that won't work," or "these students are incapable of that," make it difficult to communicate or deal with workable solutions to such problems as mainstreaming, independent functioning, curriculum-based instruction, etc.

What problems do I wish the future would resolve? Some special education students seem to be placed inappropriately in classrooms because there is no space available in a proper placement or no appropriate classroom exists in the district. How shall I react? Why is categorical placement the rule? Is multicategorical placement feasible and research proven to be more effective? Are considerations being given to providing appropriate facilities, such as adaptive bathrooms, ramps, sinks, home living areas, etc. in each school so that children can be served in their neighborhood school? Are other factors, besides level of severity necessary to set the student-teacher ratio? What are the ramifications of not adhering to established student-teacher ratios? Why state certified teachers in such different categories, some state certified teachers in grades K-12, K-6, K-9, 7-12, etc.? Is it possible to determine uniform certification among the states? Will my special education classroom become computer oriented? Will my special education students have access to computers and software that is appropriate for students with mental disabilities? Will teachers be prepared in their preservice programs to utilize computer programs in the special education classrooms? Will teachers be prepared to use the computer for data monitoring and the development of IEPs? Will my budget be adequate for consumable items that are an integral part of the moderate classroom? Will I be able to provide hands-on materials that are so necessary when dealing with special education students?

Where do I feel best prepared? I feel strongest in the areas I have been prepared for in the field of special education. The greatest strengths of my special education program have been the fusion of theory of courses and practicums. This has given me the opportunity to combine knowledge of curriculum, assessment, and behavior management with hands-on experience in working with the children. I have been given background in curriculum materials, scope and sequence, and instruction methods. I have had the opportunity to use norm and criterion reference tests, as well as curriculum-based instruction which keeps the teacher in touch with how the student is progressing in learning a particular skill. Behavior management is crucial to an on-task classroom. I have learned to assess behavior by developing a baseline, intervening with behavior modification, and assessing the intervention.

What are my fears? I have many fears in terms of teaching students with mental disabilities. They include meeting the needs of the learner. Will the curriculum meet the needs of the student, and will I develop the learner to his potential? Presenting a sequence curriculum that meets the needs of the student in terms of the IEP is a concern. The teacher has to be a decision maker in terms of providing a sequence curriculum for each child she is teaching. She needs to present material that is pertinent and necessary in an interesting and motivational way. The teacher is also charged with managing a classroom that meets a variety of learning needs and behaviors. Life has taught me that most problems do not follow the textbook example. Decisions have to be made within short time periods and effect the progress and program of the children involved. I do not want my approach to be a scattered approach. Curricula are written for regular education students, however, curricula for special education students seem to be the exception rather than the rule. Is a structured

curriculum approach feasible? Is it necessary to follow skill development sequences with special education students? Should we be following a regular education curriculum as much as feasible? Students with mild mental disabilities need to learn core academic areas which include: reading, arithmetic, written expression, spelling, art, music, career education, social studies, health, and science.

I also fear I will develop a limited view of what a child is capable of when I work with him in an isolated self-contained special education classroom. Will I really believe that a child has the potential for learning? Does he have the potential to be accepted socially? Does he have the potential to be part of our modern workforce? Will I have a sense of what the child's potential is in terms of what he is taught, and what he can learn? Will I strive to help the children entrusted to me develop to their potential, or will I perceive them as having little potential? Will I limit the child's participation in computer, library, sports, etc., because he is MD? Will I promote opportunities for the child to do the things that other children their age do; will they see movies, eat pizza, have the opportunity to play similar games, experience similar music, etc.? Will special education students have opportunities to develop creativity by having students attend regular art classes, participate in music programs, plays, etc. with regular students or special groups?

What do I feel I need? I feel I need more training in dealing with social agencies and crisis situations such as abuse, family conflict, divorce, separation, state custody, and the emotional ups and downs of the child. What social service agencies are available in the community? When do I contact them? I also feel I need training in communication, in dealing with fellow teachers, specialists, principals,and para-professionals. Communication is crucial, not only to handling the classroom, but also in consulting with the many adults who become involved in the classroom today—ranging from professionals to para-professionals and student teachers.

What are my hopes for the future? I would hope that I would be able to positively participate in fulfilling the mandate of P.L. 94-142 and the ethics of our profession to place special education students in the less restrictive environment, and to help develop positive attitudes towards special education students, regular education teachers, and students. I would want to create an atmosphere of interacting with regular students and preparation for a normal life after graduation. I would ask: Are we looking at the education of special education students from the right perspective? In 1988, we are outside looking in, do we want the other perspective of being inside looking out? Should students with mild mental retardation be a part of the mainstream and be scheduled into resource rooms for a few select classes? Do they need to be totally removed from the mainstream of classes? I would like to see them placed in regular education classes and be grouped as other students are grouped. What does this mean in terms of class size? Would reduction of class size benefit regular, as well as special education students? Could methods and curriculum we use with students with mild mental disabilities benefit average and low average students as well?

In conclusion, my classroom will be an integrated part of the school and community. It will be accessible and have materials to support the challenged child to develop his or her full potential. I would also wish that needed services could be obtained without the stigma of categorization and labeling. Lower pupil-teacher ratios and special regular teacher teams with access to a variety of classroom environments could enable the elementary special education student to be educated in his or her home school with a minimum of transportation time. As a teacher of these special education children, I too, have a challenge, and I look forward to meeting it. Thank you.

JRP Reaction

Dorothy Klein provides us with a comprehensive understanding of the questions that preservice teachers have prior to entering their chosen field of work. It is obvious from her paper that she envisions a better relationship between special and general education. It seems apparent that she is excited as well as cautious. She expresses the concern that the attitudes of other teachers and administrator may not be positive nor supportive. This is a real concern and we all know of cases where this initial experience has not gone well and good people left the profession. For the most part this does not occur, but we will do well to ensure that it does not. Dorothy also expressed concern about being placed in a teaching situation for which she is not prepared. I am not sure about Iowa, but I know that this is a serious problem in many other locations across the country. The need for a body, regardless of qualifications, sometimes wins out. Flexibility in hiring is necessary but it should come with specifications which ensure that the best interests of students are served.

How Realistic is the Picture I'm Painting?

Martin Van Roekel

As a student working towards a career in special education, I am beginning to develop my own theories, my own ideas, and yes, many fears of what to expect upon entering the field as a professional. The development of these characteristics had provoked much thought and given me a sense of excitement about my future in working with students who are mentally disabled. By virtue of these thoughts and ideas, I have begun to paint my picture of the ideal special education program. I now ask myself, however, if this picture is realistic, or is it merely a textbook interpretation of my own. Has my preservice training program prepared me to be an effective teacher?

If the current integration efforts continue, I expect to see my students fully integrated within the span of my career. However, I fear that the regular education program is not ready for this infusion of students with disabilities. As an agricultural education major, I have spent the majority of my work in the regular education curriculum. Through that program, I have never been required to study the disabled population. We are told it is built into the total program, but it seems to be put in the background, and many of the major issues are touched too lightly. The thought of bringing students with disabilities into the regular classroom is horrifying to many of my regular education peers, and I feel I also would be frightened if I had not studied in this area.

It is for this reason that I see myself working closely with teachers in the regular education classroom. I expect to find myself working with students who are mildly handicapped in classrooms other than my own. I will need to educate these teachers to remove the fear of the disabled population. As a professional, it may be my responsibility to bring an awareness of issues that preservice regular education programs have failed to focus on.

Although I support the idea of total integration, I do not want to see students lose their right to special education. I do, however, see changes to improve the quality of that special education. As public schools increase the amount of special services, I would like to see these services provided in the form of adapted classes, rather than self contained classrooms, or even resource rooms. I would like to see classes such as "daily math," where day-to-day money management was the focus. My students will know how to add four cents tax to every dollar, and never know they actually did (.04 x 1) + 1 = $1.04. I also feel it would make sense for special educators to teach these adapted classes. Rather than one teacher in the MD classroom, one in the resource room, and one in the BD classroom, I would expect to find one teaching adapted math, one teaching vocational skills, and one teaching reading and language arts. This would also provide special services to those students in the regular classroom in areas that they are having problems.

If this would happen it would be hard to continue to certify teachers in mental disabilities. Teachers may need to be certified in special education and given a more comprehensive training experience that covers all areas of special education. It is very frustrating for me to know that I will be certified only in mental disabilities. I want to do more than that. I do realize, however, that I need to start somewhere, and continue my education in the future to bring about movement into other areas.

Now that I have painted for you my perfect special education program, let me summarize by describing this ideal scenario: it would have my students fully integrated into the regular education program through adapted programs offered in a broad fashion so as to give them opportunities in every academic and vocational area. It would utilize my special education skills as a facilitator helping students and teachers adapt themselves to the needs of the individuals involved. And, finally, it would utilize my skills to teach adapted classes which would be offered to all students with needs in that area.

This is the point where my questioning begins. I look at all of these ideas and theories and ask from where do they come from: knowledge or from a mere lack of experience. Have I missed what my instructors have been trying to teach me?

I realize that my education will continue long beyond my undergraduate experience; I know that my greatest lesson will come on the job. It is horrifying to me to think of actually entering the

field of special education in a time when practices change as rapidly as they do now.

Every experience does bring a small touch of confidence to me. Every course I take and every opportunity I am given brings me a small glimmer of light telling me that I understand.

It is vital, then, that professionals continue to work with students in colleges and universities. When changes are proposed, the students must be involved. We need to be in touch with these changes so that we can effectively meet the challenge of entering modern programs.

We also need to learn from the special education veterans. With the high rate of turnover in special education, there are fewer teachers with many years experience than there are in regular education. There has to be a way to keep teachers in the classroom longer. The knowledge they can give to us will be very valuable as we come out of our preservice programs ready to go into our own classrooms.

As I am nearing completion of my undergraduate degree which will certify me to teach in the areas of vocational agriculture and mental disabilities (grades 7-12), I am still developing many ideas, theories, and fears of the special education profession. Every course I take brings me one step closer to being an effective teacher. It allows me to ask new questions and answer the old. I have found a wealth of information from the Department of Education and the various Area Education Agencies. My personal goals in special education are many. I want to spend time in low income areas, to work with a curriculum that concentrates on knowledge which will allow my students to become as independent as possible, to be an effective teacher, and to gain respect from my peers. I have developed all of these wonderful theories, but will they work towards achieving my goals?

JPR Reaction

Martin Van Roekel raises a point which is not given enough attention in my opinion. He implies that special educators have a responsibility to "educate" (i.e., make aware) general educators. I think that this is true. We need to take a more active role in bridging this "gap" that has been created. Martin also brings up a topic which I think has exciting possibilities for the future. He talks about developing "adapted classes" for students in special education. The premise is that these are functionally-oriented and based on adult needs. What is particularly exciting about this idea is that if these courses are developed correctly, they would have appeal to students in general education as well. The last point that Martin makes to which I would like to react is his request for a mentor when he first starts teaching. This is not a completely new idea but it is very attractive to beginning teachers. There is comfort in knowing that there is an experienced teacher to whom you can go for assistance and support. Too many of us started teaching without such a resource. Even if the personalities of the two people are not perfectly compatible, the information which can be shared is worthwhile.

Preservice Programs For The Preparation of Teachers For Students With Mental Disabilities

Alan R. Frank, Ph.D.

In this paper, I have described what I believe preservice programs for the preparation of teachers of students with mental disabilities should be like. I have elected not to describe training programs by level (i.e., mild/moderate or elementary/secondary) because I believe in many ways the characteristics of well-trained special education teachers cut across these areas.

Who Should Become Teachers of Students with Mental Disabilities?

We need to carefully consider whom we admit to preparation programs for teachers of students with mental disabilities. Prospective teachers should have had experience with children and adults with mental disabilities prior to entering a training program. Such experience would not only demonstrate a commitment to serving handicapped persons, but would also help them determine whether a career in special education is more than just an altruistic value. That is, these individuals would better understand the needs of handicapped persons because of having had a variety of shared experiences.

In addition, I believe we need to encourage bright and capable individuals to enter the teaching profession. Successful teaching requires people who have the ability to comprehend theories of learning and can tailor effective instructional programs for students with mental disabilities because of their abilities to translate theory into practice.

What Do Teachers of Students with Mental Disabilities Need To Know?

General/Special Education Collaboration

Barriers which exist between general and special education teachers must be removed so we can educate children and adolescents as a team. To help accomplish this goal, teachers of students with mental disabilities need to take the initiative in three important ways. First, they need to participate in the development of child study teams at the school building level. These teams would be composed of general and special education teachers who work together to seek ways to be more effective in keeping in the regular classroom those students who are not succeeding. A variety of strategies should be tried before teachers conclude that a child should be evaluated for placement in a special education program.

Second, teachers of students with mental disabilities should be skilled at developing collaborative relationships with their general education colleagues rather than functioning as "experts who will tell them how to do it right." In this regard, preservice teachers need to be knowledgeable about new models which will facilitate the mainstreaming of handicapped children into regular classrooms. Included among these models might be cooperative learning strategies, team assisted individualization, and adaptive learning environments. Third, trainees need to become skilled in the resolution of conflicts which may develop between professionals in the process of mainstreaming special education students into general education classes.

Selection of Appropriate Goals

The selection of goals for students with mental disabilities should be made with the following thoughts in mind:

1. To what extent is the student capable of being integrated into the regular classroom for different subjects and activities with in-class or resource room support?

2. To what extent are the goals related to the development of functional skills (e.g., self-help skills for younger students; vocational skills for older students)?

The author would like to thank Dr John A. Nietupski, University of Northern Iowa, for his exellent comments and suggestions concerning this paper.

3. Does the student need training in the use of prosocial skills? In what contexts are these prosocial skills useful (e.g., in the regular classroom, in the special education classroom, at home, in the community)?

4. Does the student exhibit behavior problems which interfere with learning, interpersonal relationships, or which are harmful to self or others?

Assessment Strategies

Preservice teachers need to learn how to administer and interpret assessment devices properly. Further, teachers need to learn to select assessment devices which will yield information relevant to the instructional program, and know what constitutes the inappropriate use of assessment devices. For example, curriculum-based assessment (where student performance is compared to a set of objectives), will provide information which is much more useful for instructional purposes than will norm-referenced tests (where student performance is compared to a group of individuals to whom the test was administered).

Assessment may take the form of tests where pre-determined answers exist (to determine accuracy of responding). When students perform at a low level of accuracy, analysis of student errors may reveal instructionally-relevant information, for example, a student's misunderstanding of the correct process for solving problems. Where students are responding with a high degree of accuracy, speed of responses may be of interest.

Observational recording can yield information about student behaviors which are of a transient nature, that is, where no permanent product is involved. A variety of observation techniques are needed by teachers of students with mental disabilities, including the use of checklists, rating scales, frequency and duration measures, interval recording strategies, and time-sampling strategies.

Individual Education Programs

Ideally, the selection of goals during the planning of educational programs for students with mental disabilities is a group process involving parents, teachers, other professionals, and the student where feasible. Members of a planning group should be prepared to state what they believe to be the most appropriate program for a student, and recognize that, at times, disagreements will occur. Further, parents should be viewed as collaborators in the process rather than passive "approvers" of the individual education plan.

The requirements for acceptable individual education plans (IEPs) include, among other components, four major parts: present level of performance statements, long-term goals, short-term objectives, and methods of evaluating student progress. Present level of performance statements should be educationally-relevant (i.e., based on assessment devices clearly related to the instructional program rather based on information from norm-referenced tests). The relationship between long-term goals and short-term objectives needs to be clearly understood. Unfortunately, a great deal of variability exists in the quality of IEPs written by teachers. One way of thinking about long-term goals is to view them as brief statements of priority areas within a student's instructional program. On the other hand, short-term objectives can serve as statements of how student progress toward the goals will be measured. Short-term objectives so stated lend themselves to more educationally relevant information concerning student progress. Norm-referenced assessment devices are rarely relevant here. Some teachers write extensive lists of short-term objective which are actually detailed task analyses of skills to be taught. When this occurs, the task of writing IEPs becomes unmanageable. The purpose of IEPs is to describe the priority areas of students' instructional programs, objectives which should be met in the course of instruction, and how progress will be evaluated. IEPs should not be a detailed description of every step toward the achievement of goals.

Instructional Strategies

Preservice teachers should be taught to select methods of instruction which are direct and explicit. The direct instruction model of teaching has been widely accepted as an effective method of instructing students. Direct instruction involves first assessing a student to determine what needs to be learned. Next, the teacher or other "instructor" models how to complete the task, followed by guidance of the student through the task. Guided practice is continued until the student begins to understand how to complete the task independently. Practice to mastery is then provided. Essential to direct instruction is skill in providing feedback and correction to the

student. In addition, teachers should let the student know that high standards of performance are expected.

Task analysis is also a very useful method of planning instructional programs. Task analysis is a process where skills or behaviors are broken down into subskills which can be taught individually or as behavior chains to students, thus simplifying instruction.

The effectiveness of applied behavior analysis as a procedure for working with handicapped populations has been demonstrated time and again. Teachers of students with mental disabilities need to understand how to analyze instructional problems from an applied behavior analysis perspective. A good grasp of applied behavior analysis will allow teachers to study instructional problems and to form hypotheses about which variables might be manipulated in order to facilitate learning.

Students with mental disabilities are often inefficient learners. Recent research has shown that these students don't use strategies for learning tasks or solving problems. However, students can be taught to use specific strategies. Preservice teachers should be aware of methods such as rehearsal and prompting for helping students use strategies in order to learn more efficiently.

Trainees need to be aware of adaptive aids which can help promote independence among students with mental disabilities. Rather than continual drilling on the "typical" way of performing a task, trainees need to be able to use alternative devices such as calculators, money counting cards, pictorial shopping cards, etc., to simplify the task, allowing greater student participation in functional or academic tasks.

Classroom and Behavior Management Strategies

Preparation of the classroom environment requires careful consideration. The teacher should plan the classroom so that traffic patterns will allow smooth transitions from one activity to another in order to minimize the loss of instructional time. Students need to be involved in the maintenance of the classroom environment by assigning them responsibilities such as putting materials away and properly caring for equipment.

Some students will require behavior management programs in order to decrease problem behaviors. Preservice teachers should be aware of methods of planning behavior change programs, such as operant learning principles. It is also important to recognize that the goal of behavior change programs is to assist students in becoming responsible for their own behavior. Therefore, when teacher-directed behavior change programs are selected (e.g., positive reinforcement delivered by the teacher for an acceptable response), plans should also be made for assisting students to become more responsible for their own behavior (e.g., self-monitoring).

Involvement of Parents

Many parents of students with mental disabilities want to be involved in the education of their children. These parents should be encouraged to participate in planning individual education programs. In addition, frequent communication between school and home should be fostered. Parents can be made aware of the skills being taught at school which are applicable in the home environment so they can encourage their children to use these skills. When parents are willing to be involved, teachers should make an effort to help them understand the instructional procedures being used at school so that these same methods are also employed at home.

Some parents, however, may not wish to be actively involved in their children's education. Teachers should keep these parents informed. But parents should not be made to feel guilty or pressured because of their lack of involvement in their child's education or because they don't become actively involved in parent/advocacy organizations.

Transitions

Transitions from elementary to middle or junior high school, and then to high school should be planned carefully. Students need to be prepared for new expectations and responsibilities. Communication between teachers at different levels is necessary in order to provide for continuity in student programs. Well-written IEPs will facilitate this communication.

At times, school personnel and parents must consider changing a student's instructional program from one that focuses on academics to a more functionally-oriented program. Such changes should be made only after thorough consultation with parents. When such changes involve moving students to more restrictive environments (e.g., from regular class placement with resource teacher help to a special class), students need to be prepared for the transition.

The transition from high school to post-high school life is also important. Communication between parents, teachers, and community agen-

cies which have the resources to assist students in finding and adjusting to jobs is critical for many students. The process of planning for this transition should begin well before a student completes high school.

Use of Microcomputers

The introduction of microcomputers into classrooms has the potential for helping teachers be more effective in providing instructional programs. Preservice teachers need to be trained to use microcomputers in a way that makes them an integral part of the curriculum rather than a "toy" to be used when students have finished their work. For example, microcomputer software should be selected for use with students because it is clearly related to their instructional program.

How Should Teachers of Students with Mental Disabilities be Trained?

Ideally, identified knowledge and performance competencies should be delivered to preservice trainees through a variety of approaches, including lectures, in-class simulations, computer-assisted instruction, and small group activities. In addition, trainees should have supervised pre-student teaching practical experiences where they have the opportunity to demonstrate their competence in teaching individuals or small groups of students with mental disabilities.

The training program should culminate with a student teaching experience of at least one semester, full-time in a classroom for students with mental disabilities under the joint supervision of a faculty member from the training institution, and a master teacher certified to teach students with mental disabilities. Because of prior practicum experiences, student teachers should be able to assume a major portion of classroom responsibilities early on in student teaching. In addition, consideration should be given to dividing student teaching between classrooms for students with mild and moderate mental disabilities.

What Constitutes "the Classroom" for Students with Mental Disabilities?

Teachers must redefine what constitutes the classroom for students with mental disabilities. The traditional school classroom can serve as a place where students learn important skills. However, the generalization of skills to environments where they will be functional should be a part of the instructional program. In order to help student make these generalizations, the community should be considered part of the classroom.

JPR Reaction

It is very appropriate when considering future perspectives to pay attention to how we prepare and how we should prepare teachers in the future. Alan Frank's paper on preservice preparation is an excellent summary of what many of us would prescribe. I would like to embellish on a few of his points. Many of us are enamored by extensive field-based training and would like to see students who enter our programs with more experience if they are interested in teaching. Unfortunately, most of us have to live with the reality that significant numbers of these prospective teachers do not have such experiences. This situation could be compounded if preservice education is provided at the graduate level only, as some suggest. Two of the competencies which Alan presents in his paper need to be extended. That teachers need to be good classroom managers is an understatement on my part. There is ample evidence to suggest that the biggest obstacle of first year teachers is this area. Furthermore, we know that it is no easier managing classrooms where the ability levels of the students vary so greatly and whose behaviors are often contraproductive to their academic and social progress. It seems to me that coursework and fieldwork in "classroom management" should be required of all students and it needs to be more than a session or two within existing coursework. The second competency concerns skills in using microcomputers. This is important because it is the preservice teachers of today that may possess critical gaps in the microcomputer competence. Preservice teachers of the future will not be so handicapped, but our current students whose exposure to microcomputers may be limited may indeed be handicapped.

Future Considerations in the Area of Teacher Certification

Dee Ann Wilson

Approximately seven years ago I attended my first educational futuristic meeting, and the keynote speaker projected that special education would be passe' by the year 1990 due to technological advances in both medicine and genetics. Though the Futures Meeting in Mental Disabilities defined the parameters of "future" to cover the next three to five years (which obviously includes 1990), I am going to predict that special education will still be operating in Iowa, and that certification will still be a function of state government. Obviously, by taking this stance, I have justification to continue writing this chapter about future considerations in the area of teacher certification. Furthermore, in this undertaking I do not plan to project anything that will haunt me after 1991-1993, unlike the futurist who surely scrutinized the data available to him at that time but formulated the wrong conclusions, nonetheless.

Reasons for Certification

Before examining the future considerations in certification, I believe the reader must have an understanding of what certification is. Though most individuals realize that a teaching certificate is the official document issued by the state which provides a legal sanction for an individual to perform a specific service in the school, the process and purpose of certification are the salient features, and not the piece of paper per se.

> Certification is viewed by the educational consumer–parents, students, public–as a judgment by the State, acting through its agents (state education agency) and agencies (Institutions of Higher Education), which gives some guarantee of competent performance by the professional.
>
> The survival of the teaching certificate may well be in the public interest, as it does provide a measure of control over school professionals; provides some means for revocation or suspension of the privileges granted by the certificate; serves as a deterrent to patronage; and it may contribute in some ways to quality control. (Nearhoof, 1979, p.3)

Throughout the MD Futures Meeting the participants were reminded that we were not to lose sight of the fact that Iowa has been one of the leaders in providing quality services in special education. While I am not so naive as to suggest that certification is totally responsible for any educational success that occurs in the State of Iowa, I do unequivocally believe that the Iowa certification standards, guidelines, and rules have played a significant role in facilitating success. And, if special education is to prepare itself for the future, certification–which includes preservice and inservice–must join other policy makers in this endeavor.

Limitations of Certification

While certification provides certain safeguards to the people of Iowa, its limitations cannot be minimized. These limitations will be identified and discussed in this section.

Unfortunately, certification is not always synonymous with competency. As was previously mentioned, certification provides some guarantee of competent performance; however, the guarantee is limited. During the process of certification, the state determines whether the applicant has been exposed to the standards and rules which were adopted by divergent special education and regular education constituencies. Whether the person is truly competent in a given situation is determined by the administrators (and possibly others) in the LEA, AEA, or other employing agencies.

To address better the competency issue, should Iowa mandate competency testing for teachers of students with mental disabilities as part of the initial certification process? Space does not permit a discussion of the pros and cons of this issue, other than to acknowledge that

competency testing has been a reaction to the educational reform movement following the publication of numerous national reports on education. The extent of the competency testing movement has been reported by Sandefur (1986):

> As of June 1, 1986, 46 states had regulations requiring some form of competency assessment of teachers. Three additional states were actively planning programs to test teachers and only one state reported no plans to enter a movement that, except for that state, now includes the entire nation (p.1).

At the time of the report, Alaska was the only state not involved in the movement. However, Iowa has since joined Alaska when the notion of further testing was rejected by the Iowa State Board of Education as a result of a baseline study which included the Iowa 1986 spring college and university senior undergraduates. These students scored at an average above the national mean on tests produced by the Educational Testing Service (ETS) on pre-professional skills (reading, writing, and math), pedagogy and subject content (Nearhoof, 1986).

In the subject content tests devised by ETS, the field of special education is presently limited to one disability. Interestingly, this disability area test is designed for students seeking to be teachers of students who are mentally disabled.

The competency testing issue continues to be examined and re-examined by both the Iowa legislature and the state board of education. This issue should be followed closely because of its major impact on the field.

Certification has to assume the reactive mode rather than the proactive stance. The rules for certification are a reaction to mandated roles, functions, and program models outlined in the rules for special education and promulgated by the Bureau of Special Education. To illustrate, if special education chooses a new service delivery model which will blur the lines between regular and special education, special education–with the assistance of regular education–must first design the system and identify the players after consensus is reached within the educational community. Certification would respond by examining the design and by outlining the requirements for the training needs of personnel involved in serving the identified population.

While the process just described is an oversimplification, the "regular education initiative" possibly will be the issue consuming the greatest amount of time and energy by special education (and reactively) by certification personnel over the next three to five years. The fact that the participants attending the MD futures workshop targeted the regular education initiative as the overall priority issue reveals the scope of this movement in Iowa.

Certification is impacted by both internal and external forces and these forces shape interpretations for decision making. While some of these forces are definitely recognized as beneficial to the process, others are not, and the identification of these "undesirables" would depend entirely on the perspective of the person providing the judgment. The point is, not one state is immune from these forces and, unfortunately, the certification rules that should reflect best practices in teacher education, based on empirically validated research, can become diluted. In fact, in some states the philosophy for special education certification would appear to be driven more by the economic conditions, and by the rural and/or remote conditions of its state than by best practices in education.

I often have heard people comment, usually in complete frustration, that the states ought to get their act together and decide on a uniform set of special education requirements, regardless of the state line crossed. Personally, I reject such a proposal; certification is a state right. However, a national certification board has the potential for becoming a reality. The Iowa State Education Association is supportive of this board, and the 1987 legislature passed H.F. 499 which includes this section:

> The board of educational examiners shall review the certification standards for teacher's certificates adopted by the national board for professional teaching standards, a nonprofit corporation created as a result of recommendations of the task force on teaching as a profession of the Carnegie forum on education and the economy. In those cases in which the standards required by the national board for an Iowa endorsement meet or exceed the requirements contained in rules adopted under this chapter for that endorsement, the board of educational

> examiners shall issue certificates to holders of certificates issued by the national board who request the certificate.

Obviously, if the national certification movement should sweep the country, this would have implications for certification in Iowa.

Certification depends on the universities and colleges to make continual adjustments, and sometimes program modifications are difficult for Institutes of Higher Education (IHEs) to provide. The difficulties inherent in the system have been revealed during the period the IHEs have attempted to meet the new Iowa certification requirements which will be implemented October 1, 1988. While the 1987 Iowa legislature made a strong commitment to education when H.F. 499 was passed and the Phase monies became available to teachers and to other educational school personnel, the IHEs did not provide any monetary commitment to their education departments in an effort to lend support to this state's excellence in education movement. In fact, when thirteen percent raises for faculty members at the three state universities were appropriated by the 1987 legislature, two of the three institutions reported that education faculty members received increases of approximately seven percent.

The special education faculties are also reporting either cutbacks in staffing or rejections when requests for additional staff members are made even though some of the new rules for special education certification require new and additional course work offerings. Consequently, one state university has had to drop an important program because the university would not make–or was unable to make–a fiscal commitment to the program. This same institution has had cutbacks of two positions in the MD, BD, and LD areas.

Supply of MD Teachers

Historically, Iowa has had an oversupply of special education teachers in one disability area, and that area has been mental disabilities at the elementary level (grades K-6). Consequently, temporary authorizations are not available to elementary MD teachers. At the national level, some states report shortages in MD but other categories or disciplines are more severe. These personnel shortages are provided in rank order: physical therapists, occupational therapists, speech and language clinicians, behavioral disordered, preschool handicapped, severely handicapped, psychologists, visually impaired, learning disabled, secondary education, hearing impaired, and multiply handicapped (McLaughlin, Smith-Davis, & Burke, 1986).

Although the child count figures (P.L. 94-142) on December 1, 1980, for ages 3-21 showed 12,268 MD students in the public schools (or 20.4% of the total special education population), the 1986 child count reported 11,821 (or 21.2% of the total), a 3.6% decrease. Such data reveal that Iowa is following the national trend of identifying fewer students with mental disabilities.

While 26% of the MD youngsters are staffed into multidisability resource programs, 47% are placed in special class with integration programs (SCIN), and 27% are in self-contained classes with little integration (Robinson & Reschly, 1988). To interpret these data in terms of certification, this means that over a fourth of these students must be served by teachers having the multicategorical resource approval (soon to be called an endorsement), more than one fourth must be served by individuals specifically having the MD preparation, and the others–less than half–are served in either multicategorical SCIN programs (31%) with teachers who should have the multicategorical authorization or in categorical SCIN classes (69%), another classification requiring the MD authorization.

In the CSPD section of the 1984-1986 Iowa State Plan, 960 MD teachers were employed in public schools during the 1981-82 school year. Data from the 1986-87 BEDS document, a self-reporting system submitted annually to the Department of Education by each public school district superintendent during the latter part of September, showed less than 700 MD teachers. As one would expect, a decrease in identifiable MD students results in a decrease of MD teachers.

An examination of the number of MD temporaries issued since 1980 has ranged from a low of 20 to a high of 28. During the 1986-87 school year, 22 MD temporaries were issued, though of that number nine were for temporary grade level endorsements. In these instances, the teachers already had completed the MD preparation but not the endorsement course work. Of the 13 remaining, ten were for teachers in public schools (or AEAs), two were for a state hospital school, and one was for a private facility.

Perhaps the significance of these numbers can be put into perspective when comparing the number of temporaries issued in the other disability areas (or programs). During the 1986-87 school year, 674 special education instructional temporaries were issued, with 442 being for teachers serving multicategorical programs (re-

source or SCIN). The second greatest need was in BD with 74 being issued. Clearly, the number of MD temporaries is small when a comparison is made with some of the other areas.

Presently, fifteen Iowa training institutions prepare teachers of students with mental disabilities, while only six IHEs prepare teachers in LD and BD. When the new certification rules are implemented October 1, 1988, one college will drop its MD program but another college has applied for the approved program status in MD (mild/moderate). Also, two universities will discontinue their undergraduate MD sequence but will offer it at the graduate level instead.

One word of caution is in order. The new rules will reduce the number of out-of-state applicants receiving the MD endorsement in grades K-6 because of applicants possibly having deficits in one or more of the following requirement areas judging from prior transcript analyses: 1) K-12 functional life skills for the mild/moderate; 2) behavior management; 3) methods and strategies for working with parents, paraprofessionals, and other individuals in the educational community; 4) a grade level specific methods course; and 5) student teaching with both mild and moderate MD students. In addition, the applicants seeking the secondary endorsement typically will not have completed a course in career-vocational programming for special education students.

However, according to a study conducted with Iowa first year teachers, most districts hire Iowa graduates, though the research was not restricted to special education teachers. Of the first-year teachers in Iowa during the 1985-86 academic year, 80% of the respondents had completed their teacher preparation at an Iowa college or university and 47% graduated from an Iowa state institution (RISE, 1987). In terms of teachers receiving certification in MD–and not to be confused with employment–approximately 66% completed their training in Iowa and 35% had been prepared out-of-state. Over 500 MD approvals were issued during the calendar years of 1984 and 1985, obviously an adequate supply to draw from during recruitment efforts.

Though the number of Iowa IHEs preparing teachers in MD should remain fairly constant in the future, the number of IHE students seeking the MD authorization will probably decrease significantly due to the fact that after October 1, 1988, the authorization to teach in a multicategorical resource room for the mildly handicapped will be an undergraduate option for the first time in the history of special education certification. However, one option for serving in a multicategorical SCIN program will continue to include the MD authorization, though this too can be completed at the undergraduate level, another major change in the new certification requirements.

Another issue which has potential for critically impacting the supply and demand of MD teachers involves the definition of mental disabilities, should it be changed. If the definition were to include a lower IQ cut-off score other than 85 for MD students, obviously, fewer MD students would be identified; consequently, fewer MD teachers would be required. The full impact of a lower IQ score is this: "Adoption of the cut-off score of 75, the most widely used criterion nationally, would reduce the current population by nearly half" (Robinson & Reschly, 1988, p.2).

As refined adaptive behavior assessment instruments and procedures are utilized (or required) in the determination of eligibility for MD, these too could affect the personnel needs, though to a lesser degree than the IQ cut-off, if that should occur.

Other Issues in Certification

Within the new mainstreaming debate, three universal elements have been identified: elimination of the "pull-out" approach, collaboration among regular and special education, and the restructuring of current school organization (Skrtic, 1987). The Iowa Bureau of Special Education is actively debating the same three identified elements. In this endeavor, a survey was distributed in an attempt "to assess the attitudes of a stratified random sample of Iowa superintendents, principals, general education teachers, and special education resource teachers toward the concept of meeting the needs of students with mild learning behavior problem within general education" (Espey, 1988, p.1).

Although 91-97% of all personnel agreed or strongly agreed that cooperative planning between special education resource teachers and regular education teachers was necessary, barriers and obstacles were recognized. The smallest obstacles targeted by regular education teachers in accommodating students with mild learning problems were "lack of administrative support" followed by "teacher lacks skills needed to individualize." The greatest barriers were "insufficient time" and "large classes."

To confirm that a positive attitude exists in this collaborative endeavor between special education and regular education is an important and significant finding. However, the compe-

tence that the teachers perceive they possess in accommodating these students with mild handicaps is contradictory to the findings of a comprehensive state university follow-up study of teacher education graduates from 1981 through 1986. On a rating scale of 5 to 1, 5 being very adequate, the graduates were asked to rate the adequacy of their professional teacher program in 33 areas. The research revealed that the rating for assessing learning problems was the only rating in all six years below 2.50.

> One area, understanding and managing behavior problems in the classroom, received ratings of 3.00 or below all six years. Three other areas, methods of working with children with learning problems, assessing learning problems, and working with parents, have consistently received lower comparative ratings in all years. (RISE, 1987)

Such findings are relevant to certification in its attempt to contribute in some way to quality control. Certainly, the study emphasizes that the effort to blend regular and special education is a huge undertaking and the impact on teacher education programs is horrendous. Perhaps the notion of integrating personnel, programs, and resources in special education and regular education departments at IHEs has merit as proposed by Stainback and Stainback (1988). In the authors' four-step plan to facilitate merger in higher education, they describe the role of certification and propose that school personnel should become certified to teach by completing a specialization in an instructional area (e.g., alternative communication skills or community-referenced instruction), as opposed to a category of students.

In recent educational literature, much discussion has revolved around the first year teacher. At Iowa State University, the Research Institute for Studies in Education (RISE) collected data from Iowa first-year teachers who were employed during the 1985-86 academic year. The teachers' responses supported many reform recommendations: induction programs for first-year teachers, more pre-student teaching field experiences, reduction of non-teaching duties, and more student teaching experiences. However, they were not in agreement with some of the reform recommendations outlined by such groups as Carnegie or Holmes. "Few thought that the quality of teachers and education would be improved by requiring either a master's degree in an academic subject or a bachelor's degree in an academic subject with a master's degree in education" (p. 8-16).

Since 1984, the Iowa legislature has shown concern relative to the number of temporaries issued by the Bureau of Teacher Education and Certification. Perhaps some of the concern is a result of a misconception that temporaries are issued to anybody, even those individuals who have not completed a teacher education program. Such is not the case. Few special educators are aware that the 1987 legislature passed a law restricting the issuance of temporaries. One section of H.F. 499 reads:

> Effective July 1, 1990, the board shall only issue an emergency temporary certificate or endorsement to an individual employed by a school district or nonpublic school after the board of that school district or authorities in charge of that nonpublic school certify to the board of educational examiners that the board or authorities attempted to employ a certificated or endorsed individual to fill the teaching vacancy and, if the vacancy is in a school district, the board also attempted to complete a sharing agreement with another school district for providing the classes or courses. An emergency temporary certificate or endorsement is valid for one year after its issuance and shall not be renewed.

The impact on the area of special eduction is obvious; further discussion is unwarranted.

Summary

In the special education reform movement, certification is often targeted as the vehicle for improving the educational system, especially through its teacher education programs. I believe the critical issue facing certification is the extent and magnitude of all of the external forces impacting the process. Nonetheless, certification will continue to exercise leadership in the development of quality programs of professional preparation in the colleges and universities of Iowa. A continuous effort will be made in reviewing and responding appropriately to all current and future mandates, issues, and con-

cepts impacting certification. I pledge a strong commitment in this endeavor in order to serve better the students of Iowa.

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JPR Reaction

One of the messages which the reader receives from this paper is that, like the funding issue, certification needs to be flexible and innovative if new ways of providing services to students are to be attempted. Dee Ann's statement that certification does not necessarily imply competence holds for all professions and has particular importance for those of us who are involved in teacher preparation. It is my feeling that the competency issue, as it relates to new teachers, rests heavily on the institutions which prepare these teachers. As time goes on, the competence of teachers becomes the responsibility of the school system. To carry Dee Ann's statement further, a program of study does not imply competence, just as a specific course with stated competencies (e.g., classroom management) does not imply competence in this area. I think that, as more attention is directed to the controversial areas of competency testing or a national system of certification, one should not lose sight of the variables that drive this process. Dee Ann points this out. Clearly, the certification issue as it relates to students with mental disabilities extends beyond special education preparation and affects how general educators are prepared as well. While many direct there efforts at giving general educators specific skills for working with students with special needs, the more important goal might be an attitudinal one.

The Debate

97 95

Mental Disabilities: What Should the Definition Be?

On Monday evening the conference participants gathered together to listen to an evening of structured debate on the future definition of mental disabilities in Iowa. The debate was divided into two areas: (1) what should the level of intelligence on a norm-reference assessment instrument be set at in the future for consideration in the identification of students with mental disabilities, and (2) what components should future assessments of potential students with mild mental disabilities include.

Advocating for leaving the intellectual cutoff at 85 and utilizing functional assessment approaches (e.g., CBA, adaptive behavior, environmental and behavioral assessment) were Jeff Grimes, Daniel Reschly, and Laurence Sargent. Advocating for lowering the cutoff to the AAMR standards of 70-75 and maintaining the standard evaluation procedure of an assessment of intellectual potential and adaptive behavior were Sara Gill, Rick Lussie, and Greg Robinson.

It was made clear to the audience prior to the debate that the individuals debating the questions did not necessarily personally agree with the positions they were advocating, but were advocating the stated positions for that evening. Deb Brower was the moderator for the debate which was a lively encounter which balanced humor and seriousness of the topic in an effective manner.

Upon the conclusion of the debate, the audience was asked to in writing to the following statements by indicating there agreement on a seven point Likert scale. Mean ratings of the group are displayed to the left of the question. The extremes of the continuum were "1" if the participant strongly disagreed with the statement and "7" if they strongly agreed with the statement.

Rating	Statement
4.01	Assessment of intelligence is useful data in understanding students' educational functioning.
3.60	Assessment of intelligence is essential to the identification of students with mental disabilities.
3.03	IQ is most useful for identifying students most in need of special programs.
3.75	If an IQ level is used as part of the Iowa definition, then I think the -1 standard deviation criteria (IQ below 85) is appropriate for Iowa students.
4.78	Assessment of intelligence and adaptive behavior data are essential to the identification of students with mental disabilities.
4.69	Students with mental disabilities could be identified with procedures not dependent upon IQ and adaptive behavior measures. These procedures include curriculum-based assessment, functional assessment, ecological assessment, and systematic classroom observation.
6.41	Iowa should serve students at risk, including mildly handicapped, in regular education classes whenever possible.

The Discussions

Determining Priorities & Recommendations

Setting Our Agenda
Futures in Mental Disabilities
National and State Perspectives

Priority Issues.

1. How will we address Excellence in Education movement?
2. What to do with student with mild disability who receives academic remediation and does not improve over time (lots of time)?
3. Identification process–labeling and identification of students.
4. Issue of value (attitudes toward) for persons with handicaps–self-concept and its relationship to behavior problems.
5. Labeling issue.
6. Develop curriculum alternatives, i.e., lower track vs. college bound.
7. What does the future hold? We need to define goals for special education that are outcome oriented; e.g., post high school adjustment of students.
8. Labeling and titles of programs are an obstacle to services for kids.
9. We need a functional partnership with parents and families.
10. Whom should we serve?
11. Joint partnership of special education and regular education.
12. Regulations?????
13. Problems with identification processes, the label itself, lack of differentiation among special education categories.
14. Teacher education deficiencies.
15. Reintegration to regular education–the regular education initiative–impact on regular education teachers.
16. What and how should we be preparing students for? This is unclear and professionals need help in identifying what skills would be needed.
17. Whom should we serve and what impact does that have on how we fund services?
18. Better prepared teachers. Education may lose community and parent respect because we jump on too many "bandwagons."
19. Dichotomy between regular and special education.
20. Funding.
21. Providing support for teachers who have mainstreamed students–positive interaction.

22. How do we deliver services as funding and identification patterns shift?

23. Transportation–focus on neighborhood schools.

24. Need to change both the procedures for tying dollars to kids with special needs, but also our mindset regarding patterns of services.

25. Regular education becoming more specialized–special education more generalized.

26. Matching adaptive behavior deficits and curriculum (assessment concerns).

27. How to serve wider population with less staff.

Priority Recommendations:

1. Do away with categorical funding–X number of dollars, fund classroom.

2. More emphasis on functional, vocational and life skills in regular education, along with academics.

3. Multicategorical approach across disabilities. Attack problem with special help prior to crisis situation.

4. Provide training, information, inservice, preservice to teachers and families, young children in order to change acceptance level.

5. Examine the labeling issue–how do we get funds without labels? Examine the laws that make us focus on labels. Consider funding options based on *outcome* rather than *identification*. Change focus of P.L. 94-142 from identification.

6. Blur the lines between regular and special education which would include more curricular alternatives.

7a. Link assessment to programming. We need more functional assessment and community based assessment rather than traditional diagnostics that are eligibility oriented. Teachers and kids need to be involved in community-based assessment.

7b. Administration needs to encourage support personnel and educators in using assessments that are creative and tailored to the needs of students.

7c. There needs to be communication to administrators and teachers who are currently in the educational system. Administrators' understanding of the issues will help them be supportive of personnel that are developing functionally outcome oriented instruction, even though it may not match the traditional curricular skills list (3 R's) of the LEA.

8. The state should change the identification procedure so that we label services and not children.

9a. Begin meeting *without* the IEP being completed before the meeting is called to order. Too much is preplanned!

9b. Include families as *active* members in the planning process. Parents are a resource, not just the source of due process signatures.

9c. Parents should be given choices about having an advocate for them at the staffings. Parents that are not familiar with the process benefit from an advocate that *does* understand the process and can clarify what a parent may not understand.

9d. Initial staffings are very important and need to be done with clarity.

9e. Support services personnel and educators must be aware that parents' issues change across time. Parents may be informed about some things, but not appreciate the implications of the information. Therefore, some information needs to be reviewed.

10. All special needs children should be lumped together with at risk children and served with due process rights.

11. Building a team of special education and regular education to determine career options in the future–broaden options and alternatives.

12. Take a serious look at certification and regulations.

13. More CBA, change the term "mental" to "educational" or something else, focus more on adaptive behavior.

14. More special education for preservice and inservice regular education. More information which would let special education appreciate regular education issues.

15. Must address attitudes of teacher, curriculum and classroom groupings need flexibility and options.

16. Get more input, support, and involvement from community.

17. Clear direction needed from those who set initiatives when collaborations starts–need to change financing from "head count."

18. Research has identified what techniques lead to gains in learning and yet many education students seem unaware of what these techniques are and how to use them–need to link these up. Cooperative learning/teaching is effective. More research and development is needed before application.

19. Redefine delivery systems but maintain integrity of the funding system.

20. Become more discrete in defining services.

21. Use of paraprofessionals–decrease pull-out programming.

22. (none listed)

23. (none listed)

24. More creative and flexible alternatives to tie money to needs of students

25. Offer more teacher training–preservice and inservice–university training.

26. Develop own testing in Iowa for adaptive behavior in particular.

27. Preservice and inservice teacher training.

Setting Our Agenda

Futures in Mental Disabilities

Transitioning to the Early Adult Years

Priority Issues:

1. Identification of employment, self-help, etc. needs–what they will need in the future–and start at a younger age.
2. Transition–educators need to educate child and prepare parent for advocacy role.
3. Students are not becoming independent in any area–employment, living conditions, community mobility. Are we making them DEPENDENT with special education programming?
4. Improving interagency communication–what criteria is for adult service must be better defined.
5. It is very important to provide instruction in the area of adaptive behavior–students need the interpersonal skills to get along with others on the job.
6. Parents need to be encouraged to be active in planning the student's education from early on.
7. We need a state mandate for transition planning.
8. Need interpersonal skills with nonhandicapped age-appropriate peers, LRE facilitates the outcome.
9. Curriculum modifications are needed.
10. Training of parents and students to advocate.
11. Interagency coordination.
12. Lack secondary and postsecondary training options for mildly handicapped.
13. Lack of coordination or leadership at the state level. Need to coordinate special education, vocational rehabilitation, Department of Human Services, and other agencies.
14. Need for a case manager or someone to assume role of coordinating for individual students as they move into adult world.
15. Problems in the area of assessing and programming for adaptive behavior and social skills.
16. Societal issues–how can people earn enough money to sustain life–is this the best we can offer?
17. False hope of going to college as "the answer."
18. Avoid mandate from state.
19. Case management/advocacy.
20. Lack of vocational programming options in regular education.
21. Prepare students for realistic jobs.

22. When do we move from "integrated" programs to "vocational" programs for mildly handicapped (issue of excellence in education)?

23. Involvement of parents–we are graduating dependent people–many parents are too protective, or are unable to help because of limited capabilities.

24. Services provided relative to size of community.

25. Community living skills needed. Need to interface with adult service supporters.

26. Education is process not product oriented. Increased education requirements–less opportunities for mainstreaming and functional education.

27. Provide skill base to parents through schooling years–dependence of parents and students.

Priority Recommendations:

1. Adult service providers–not interested in labels–more interested in functional skill level.

2. Comprehensive plan for transition starting 3-5 years before graduation.

3. Gear (somehow) instructional program for independence and reality of views for the future.

4. State agency level coordination and communication concerning who mandates transitioning and who implements.

5. Need to look at a more specialized work-based curriculum for mildly handicapped students. Collection of empirical data on how to implement vocational education.

6. Need to start at the preschool/elementary level introducing career/vocational options needed, so people (parents and educators) are aware of this for the future.

7a. Need state mandate for transition.

7b. Need models in practice and theory.

7c. Transition needs to be part of the educational program from early education efforts.

7d. Need interagency coordination.

7e. Include students in the transition plan–students need to develop essential communication skills to meaningfully engage in this process.

8a. Include special education students with regular education student activities at all times.

8b. Develop career maturity beginning in early years.

8c. Develop social skills to ensure vocational success.

8d. Encourage and involved students in decision-making process throughout their school career.

9a. Field test functional curriculum that leads to graduation requirements in the LEA.

9b. To provide for career education opportunities for students. Further teachers need to be supported in this effort.

9c. REALLY begin career education in elementary.

9d. Integrate kids into voc-ed options in the school.

9e. Don't target workshops as the end of special education in adult life.

9f. Integrate career education into education curriculum.

10. Begin teaching that process from beginning.

11. State/Federal mandate–forcing interagency cooperation 18-month statewide transition project. Cutting out reduplication of qualifications of services.

12. Look at existing programs, making available through secondary years–perhaps move special education students to community colleges for training.

13. Increased communication and awareness among state level agencies and possible investigation of organization and structural change, if necessary.

14. Inservice for teachers and support staff so they can facilitate this process. Opportunities for students and parents to assume independence and responsibilities throughout educational career. Don't foster dependence.

15. Make the assessments vocationally relevant and use the data to teach social skills with direct application to employment.

16. Become public relations people–have a right to a dream to sustain life–community advocation. What do you want?

17. Curriculum fit for the mildly retarded must be improved–designing curriculum to fit transitioning needs.

18. Let grass roots levels from locality determine. Do better to do what we ARE doing–WE CANNOT BE ALL THINGS TO ALL PEOPLE.

19. Involve parent or surrogate at an earlier time.

20. Join with vocational education to advocate for program options.

21. Emphasize community-based training.

22. (none listed)

23. (none listed)

24. (none listed)

25a. Longitudinal planning, infusion of vocational education goals earlier in school, involve parents earlier.

25b. Take money spent on services currently and give directly to client to subsidize their living.

25c. Increase regular intervention transition plans involving support services.

25d. Work more with adult service supporters and educate parents more as to what is available.

25e. Identification of those needing adult service support after schooling–follow-up of those who need services.

26. Looser interpretation of paralleling of classes to regular education.

27a. Provide training (preservice and inservice) for teachers on working with parents on transitioning.

27b. Identify skills parents need through school and following school.

Setting Our Agenda

Futures in Mental Disabilities

Considerations For Future Programming

Priority Issues:

1. Cooperation with regular education–before and after identification.
2. How do we enforce the mandate that teachers need to make accommodations?
3. How do we increase educational attainment to the level we could–how do we implement what we know–use of appropriate educational methods?
4. Funding–special education has to be more cost effective and accountable. Identify by student needs, not because there are program needs.
5. Decisions regarding placement into 1.7 or 2.2 must be tied to adaptive behavior needs/needs of smaller student:teacher ratio; curriculum.
6. Adaptive behavior needs to be more clearly delineated.
7. Funding needs to be reorganized to facilitate programming–matched to needs.
8. Assessment and evaluation are valuable but testing for placement is not useful.
9. Consider effectiveness of models to serve children and requirements: curriculum and goals should be different model to model. Curriculum: functional or standard (current)?
10. We need a variety of models–with emphasis on bringing regular education and special education together.
11. Funding models that will allow this to occur more locally based rather than student driven.
12. Assessment/programming accountability.
13. How do we facilitate change in the schools?
14. What are the philosophical assumptions and research evidence upon which we hope to build the special education of the future?
15. What kind of funding mechanisms and organizational structures will facilitate new options for students, in terms of instructional programs and support services?
16. Will need a change in funding and give more responsibility back to regular education.
17. How to avoid disenfranchised students–is already happening with adult services. Linkage to needs.
18. Overt training implications in how well we train teachers to use aides.
19. Curriculum revisions–functionality with basic skills support.
20. Integration/mainstreaming.

21. Questions regarding the appropriateness of the regular curriculum for students at risk.

22. Modifications in assessment procedures for identification. Can we fund without classification and meet Federal and State requirements?

23. Role of adult service providers in a declassified system.

24. How do special and regular education staff relate to program changes and possible role alterations? How to deal with the logic of prorated funds during times of budget restraint? Responsibility and authority for programming established at a local level/building level.

25. Reach consensus in special education and communicate to our public.

26. Teacher/administrative preparations and inservice needed; more extensive.

27. The inclusion of more kids may cost more money than before.

Priority Recommendations

1. Increase cooperation in programming with regular programs–sharing of educational funds–combine resources of regular and special education.

2. Provide inservice on litigation, inservice on efficacy of labeling–inservice and training on how to work with slow learners, identified students, etc.

3. Include regular and special education in methods group training (preservice and inservice) to deal with educational attainment issues for children in need. Spend money up front.

4. Future funding needs to be flexible enough to allow us to identify students based on curricular/adaptive behavior needs and not only on standardized test data (formula - 85 cutoff).

5a. The 1.7 and 2.2 program options should continue.

5b. The number of students in a program should be linked to the functional curriculum needs of the class.

5c. More clearly define the role of the 1.7 SCI class.

5d. Provide communication and inservicing between special education (1.7) and regular education teachers.

6. Establish statewide task force to establish adaptive behavior guidelines.

7a. SEA should evaluate the current system and consider alternative funding models.

7b. Conduct efficacy studies on models of special education and pre-referral procedures (outcome oriented).

7c. Emphasize early intervention and pre-referral for kids in need.

7d. Field test batch/block funding in pilot situation. Principals in control of dollars, resources, and outcomes.

8a. Change or de-emphasize traditional assessment. Use local norms, peer reference measures.

8b. Pilot such method.

8c. Need more systematic community placement as a means of vocational assessment.

9a. Start vocational/career education earlier.

9b. Increase application of social skills development.

9c. More emphasis on functional curriculum.

10. (none listed)

11. Look around country for creative possibilities.

12. (none listed)

13. Fund programs in a block fashion–not based on identified students. Allow flexibility for districts to experiment.

14. Schools need to do needs assessment activities. Inservice should be available for teachers and they should be given opportunities for pilot projects. Consultants should be available.

15. Evaluate alternative programs and compare to present practice.

16. Shouldn't more of what we are doing be research based–are we applying, and we should be, effective teaching practices?

17. (none listed)

18. Need to do pilot projects in order to determine how aides could be used before jumping into the model.

19. Emphasize functional skills–Phase III.

20. Identify factors for successful integration/mainstreaming–age appropriateness/functional.

21. Support alternative regular education curriculum.

22. New set of identifications based on adaptive behaviors. Classroom curricula based. Direct assessment.

23. Increased role of the adult service providers in early providing of programming (transition model).

24a. Latitude within state–restructure the reporting system to the Federal government.

24b. Increase block/batch programs to a local district
–funding on the accountability basis.
–used across entire school population.
–% of local budget would be provided for meeting child's needs
–identified by local district.

24c. Preservice, inservice to educational staff in role of mainstreaming, etc., role changes.

24d. Building based authority for programming.

25. Communicate with "grass roots" people throughout the state in similar meetings to develop this vision and new concept.

26. (none listed)

27. (none listed)

Setting Our Agenda
Futures in Mental Disabilities
Overall Priority Issues

Group 1
1. Effects of definition on changes and its implications (i.e., adaptive behavior measures, IQ cut-off, experimental programs for nontraditional assessments).

2. Bringing together regular and special education (excellence in regular and special education).

3. Transition.

Group 2
1. A clear link must be developed between funding sources targeted toward:
   a. The development of options within the regular education curriculum for all "at risk students."
   b. The development of resources, i.e., support staff, aides, equipment for both the regular education "at risk students" and the more needy special education students so that the continuum of services is complete.

2. The necessity of interagency coordination and communication at national, state and local levels as their services affect all kids (birth through 21) and beyond.

3. The driving force for funding be based on the concept of developing each individual student's needs to its maximum.

Group 3
1. We need outcome oriented assessments and programming;

2. Structured around a functional and need-based curricular effort;

3. Involving cooperative effort with (and on behalf of) children, working together with parents, families, community personnel, and educators.

Group 4
1. Identification process and related issues of funding, labeling, and service delivery model options.

2. Joint partnership of special education and regular education–implied is variety of service models.

3. Transition tied to interagency coordination, student self-advocacy, and parent training/advocacy.

Group 5
1. We support greater preservice and inservice education for teachers (concerning special needs students), including the study of research evidence about effective schools and instructional technology. This includes education for special education and regular education teachers, administrators, and support staff.

2. We support the concept of a regular education initiative, including changes in labeling, funding, and identification which will hopefully result in more options and alternatives for all students.

3. We support efforts in the area of transitioning to the adult community, including efforts where parents and students assume a greater role as advocates for themselves. This will necessitate greater interagency cooperation at all levels, and suggests the need for case management responsibilities.

Group 6
1. Increased training for teachers, parents, administrators, and support personnel based on best

practice research–updated on an ongoing basis.

2. More effective, cost efficient assessment resulting in better matching and identification of the needs and appropriate goals for student outcomes.

3. Funding to better facilitate and reflect on increased need for cooperation and service between regular, special, and all other educational and human service providers (life-long).

Group 7

1. To provide a partnership among general education, special education, parents and the community.

2. To provide comprehensive programming that matches services with needs.

3. To provide philosophical assumptions based on research to formulate a direction for general/regular education.

Group 8

1. Recognizing that parents are the first and most influential power in a child's life, education must develop and maintain functional partnerships with those parents.

2. We need to develop educational experiences which are tied to realistic outcomes which focus on the potential of the individual to function independently (financial, residential, leisure, vocational and social areas).

3. Increase educational attainment levels for all students through the implementation of educational research on effective identification, teaching/learning methods, development of a continuous/effective staff development program, and the integration of the special education and regular education programs into a collective unit designed to meet individual student needs.

Group 9

1. Cooperation and coordination between general education and special education is essential.

2. Consensus must be reached within the field of special education and communicated to the public.

3. A critical need exists for the continued emphasis upon social, interpersonal, and adaptive behavior skills training.

Setting Our Agenda

Futures in Mental Disabilities

Closing Comments from the Discussion Group Leaders

Group 1 - Randy Allison

We had a wide variety of backgrounds in the group which brought out a diversity of views in approaching the issues. We need to get over the idea that kids are either "theirs" or "ours." Students are the responsibility of everyone. In the long run, we may need to take some calculated chances and do what we think is best. Whatever those decisions are, we will need clear and concise guidelines for implementation. Funding needs to be innovative and geared towards meeting goals in the long-term effort. We need to establish a plan and determine areas of responsibility.

Group 2 - Bob Gallagher

I was very impressed with the process of the conference. There was good quality of participation and diversity of opinions. Interrelatedness of priorities became very evident in the group discussions. All are vital issues. I was impressed with the tolerance for diversity within the group. This was viewed as a strength, representing different needs. Also, there was an underlying sense in the group that our impact on the world is through our kids and a great sense of pride that children are what we care about. I am very satisfied with the process and outcome of the conference.

Group 3 - Jeff Grimes

Our group also worked very hard with diverse perspectives. Three things were the focus as we summarized the issues: We need more attention on outcome and not on the process of our effort; which begins with thoughtful assessments focusing on program needs; involving cooperation of all agencies and personnel involved.

Group 4 - Glenn Grove

The process was very exciting. The group became very issue oriented. Each member had their own torches, which were gone and melded together as a group by the end of the conference. We refused to accept the fact that we may not be able to do everything. The process did keep the group focused in the time available. Our group realized we do not know enough about each other and what we are doing with kids. The process of sharing concepts needs to continue if we are to make all students "ours."

Group 5 - Bruce Jensen

The unique roles and perspectives represented did not impair the group in reaching consensus. Only as we reached the end of our discussions did I become aware that we had focused primarily on the mildly handicapped end of the continuum throughout the conference–perhaps that was by design. I'm not sure if all of these concepts could apply to the more moderately and severely handicapped as well, but we need to think about it.

Group 6 - Joan Kuepper

I am feeling very good about what we have discussed, refining on each other's ideas; and now we can piggy-back on the other groups' ideas, adding to and refining the issues. If nine groups can do it, then I feel confident that it can be done. The group had about nine basic issues and did not want to eliminate any from the most critical list. We recognize we cannot be all things to all people, but don't want to lose these ideas. Although research may be broadly based, localities have unique traits and should pilot demonstration projects to test ideas. We need to base changes on solid planning and not proceed haphazardly.

Group 7 - Rick Lussie

This is an exciting time to be in education. I have often thought, wouldn't it be nice if there were no special education, or wouldn't it be nice if all education were special? It is important to remember this is just the beginning. We have certainly identified a process and issues to be addressed by state, intermediate, and local school districts. It is important that there is follow-up to this conference to identify

recommendations to be made in hurdling barriers before us. We need to have a process in place to deal with those barriers.

Group 8 - Joe Ulman

I was impressed with the information and material provided to participants. Speakers were comprehensive and provided good input to working in small groups. I found the process to be troubling, frustrating, restrictive, stressful, tiring; but with the outcome we were striving to attain, it was necessary. If we have learned anything, it is that we need to make change based on data collection. We need to expand services based on realistic outcomes to be achieved for kids. We won't know how effective the workshop has been until we see down the road what happens to these ideas. I look forward to it.

Group 9 - Dee Ann WIlson

First, the members of the group appreciate having the opportunity to participate in this conference. I was surprised with the degree of consensus reached in the group; there was not have a great deal of debate on issues. We did not experience "burn out," and were frustrated by limited time in the sessions. Our group was lucky to have a representative of regular education in the group. In summarizing, there is a need to develop a strong, unified short-term and long-term vision for special education. All of us felt real ownership in planning for the future and are anxious to know what is next–we want to be a part of it.

CLOSING REMARKS - Greg Robinson

The future is now and you have done an excellent job in helping us decide where we want and need to go. The proceedings document will include papers from the speakers as well as other papers dealing with certification, preservice training, and early childhood special education. When you go home, think about some of the things you have worked on in your groups. Your packet contains a list of addresses of everyone who participated. Keep in contact—keep the thoughts we have discussed alive. Think about all the people not informed with the issues and how they are affected by these same concerns. Think that you *can* make a difference. You can. Drive safely.

The Appendices

- Evaluation
- Participants' Addresses
- How special education is funded
- Follow-up Letter to Particpants

Setting Our Agenda
Futures in Mental Disabilities
Appendix-Evaluation

State of Iowa
DEPARTMENT OF EDUCATION
Bureau of Special Education
Grimes State Office Building
Des Moines, IA 50319-0146

STANDARDIZED EVALUATIVE OPINIONNAIRE
SUMMARY

SSI Date: **February 28-March 1, 1988**
SSI Title: **Futures in Mental Disabilities**

PART I: Overall Evaluation. This part of the Opinionnaire requests your evaluation of this inservice program from an overall perspective–the inservice program as a package offering.

REGISTRATION N: **63**

1. Organization:		Excellent 4	3	2	1	Poor 0
N: 63	100 %	N: 60	3			
X: 3.95						
		Clearly Met				Not Met
2. Objectives:		4	3	2	1	0
N: 63	100 %	N: 48	14		1	
X: 3.73						
		Excellent				Poor
3. Presenters:		4	3	2	1	0
N: 63	100 %	N: 42	20	1		
X: 3.65						
		Creative				Dull
4. Ideas:		4	3	2	1	0
N: 63	100 %	N: 48	14	1		
X: 3.74						
		Meaningful				Boring
5. Activities:		4	3	2	1	0
N: 63	100 %	N: 50	13			
X: 3.79						
		Very Beneficial				No Benefit
6. Content should prove:		4	3	2	1	0
N: 63	100 %	N: 47	16			
X: 3.74						
		Excellent				Poor
7. Overall, this training was:		4	3	2	1	0
N: 63	100 %	N: 49	14			
X: 3.77						

PART II Personal Evaluation. This part of the Opinionnaire requests your evaluation of your overall participation or "set" in this inservice program. Instructions. Indicate (by marking "X" or " ") in the space provided the term which best reflects your status.

Key:
A Strongly Agree
B Moderately Agree
C Neutral
D Moderately Disagree
E Strongly Agree

		A	B	C	D	E
1. I initiated or participated in discussion.	%:	77	19	1		
N: 63 100 %	N:	49	12	1		
2. I attempted to be positive and constructive in my criticism.	%:	80	12	4		
N: 63 100 %	N:	51	8	3		
3. I was usually attentive to what the instructors were presenting.	%:	85	14			
N: 63 100 %	N:	54	9			
4. I was usually open-minded for what the instructors were presenting.	%:	82	17			
N: 63 100 %	N:	52	11			
5. I attended all sessions and completed all assignments required as an integral part of the inservice.	%:	83	14	1		
N: 62 99 %	N:	52	9	1		
6. I needed this kind of inservice training	%:	68	23	6	1	
N: 63 100 %	N:	43	15	4	1	

PART III. Strengths and Weaknesses. This part of the Opinionnaire requests your evaluation with respect to the merit of this inservice program and provides an opportunity to express you views with respect to strengths, weaknesses, or both, if any, which contributed to the success or failure of the training for you. Instructions: In item 1, indicated (by marking "X" or " ") in the space provided the term which best reflects your view.

N: 56 89 %

1. Compared to other inservice programs I have participated in, this inservice program was:

	Superior	Above Average	Average	Below Average	Inferior	First Participation
%:	68	12	1			17
N:	43	8	1			11

Setting Our Agenda
Futures in Mental Disabilities
Appendix-Participants' Addresses

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Setting Our Agenda
Futures in Mental Disabilities
Appendix-How Special Education is Funded

Tom Burgett, Ph.D

Special Education Support Services

Iowa's 15 Area Education Agencies (AEAs) provide special education support services to the identified population of handicapped students as defined by Chapters 273 and 281, the Code, and *Rules of Special Education* as approved by the Department of Education.

Funding procedures for special education support services were modified by the Sixty-eighth General Assembly and continue to be scrutinized by the General Assembly now in session. Further modifications in the special education support funding mechanism seem likely.

Under the existing provisions of Section 442.27, the Code, funding for support services provided by the Area Education Agencies is determined by two factors: a per pupil cost for each AEA and the AEA's weighted enrollment. The per pupil cost is determined by an allowable growth factor (which is determined by the Director, Department of Management) applied to the state average cost per pupil for support services. This determines a dollar amount increase which in turn is then added to each individual AEA's previous year's cost per pupil for support services. The resulting new cost per pupil amount is subsequently multiplied by the AEA's weighted enrollment to determine the AEA's total Special Education Support Services Budget.

As a example, the 1986-87 state average cost per pupil was $112, and the growth factor as determined by the State Comptroller was 3.469%, resulting in a $3.89 increase per pupil for 1987-88. Continuing, if a particular AEA's cost per pupil was $110.05 for 1986-87, the additional $3.89 would provide a 1987-88 cost per pupil of $113.94. This amount multiplied by the weighted enrollment of the AEA, 20,265.4 for example, would create a 1987-88 Special Education Support Budget of $2,309,039 from state and local sources of revenue (state aid and local property tax).

State aid and property tax contributions are currently (1987-88) considered to be at approximately 81.5% and 18.5% respectively. See Table 1 & Figure 2.

The proposed budgets for the following budget year as calculated above are submitted by November 15 for approval by the State Board of Education. Each AEA's budget describes in detail that agency's planned expenditures including personnel and program/service expenditures. Anticipated federal funds as provided by P.L. 94-142 are included in each AEA's proposed budget as additional revenue to that of local and state sources. Following the earlier example, an AEA with revenue of $2,309,039 from local and state sources may submit a total support budget of $2,684,039; the additional $375,000 derived from anticipated federal funds.

Special Education Instructional Programs

Special education instructional programs in Iowa are developed along a "continuum of service model." The continuum ranges from the least restrictive supplemental assistance program in which identified children are provided special adaptations in order to be maintained in the general education program of the school district to the self-contained special education program where little or no integration into regular programs occurs.

It is important to note that placement into an appropriate special education program model is determined more by the severity of the handicapping condition than the type of disability itself. For instance, a child diagnosed as learning disabled may be placed by the staffing team into a special education resource teaching program or into a special class with integration or into a self-contained special class. The placement is more dependent upon the severity of the learning disability and the teacher-student ratio necessary to provide the most appropriate special education instructional services than on the disability itself.

Iowa currently utilizes a weighting plan to provide "for the excess costs of instruction of children requiring special education above the costs of instruction of pupils in a regular curriculum." The

weighting plan defined in Section 281.9, the Code, has been modified by School Budget Review Committee decisions by authority of Section 281.9(4). Weights effective for the 1987-88 school year and a description of the programming criterion used to determine the weight as defined by Code are:

1. Pupils in a regular curriculum are assigned a weight of 1.0.

2. Pupils requiring special education who need special adaptations while assigned to a regular classroom for basic instructional purposes and handicapped pupils placed in a special education class who receive part of their instruction in regular classrooms are assigned a weight of 1.7. This describes supplemental assistance pupils and special education pupils who are programmed for in resource teaching programs with a maximum teacher-pupil ratio of 1:18 or special classes with integration with a maximum teacher-pupil ratio of 1:12 or 1:15.

3. Pupils requiring special education who need full-time, self-contained special education placement with little integration into a regular classroom are assigned a weight of 2.2. This describes special education pupils who are programmed for in self-contained special classes which maintain a maximum teacher-pupil ratio of 1:8 or 1:10.

4. Pupils requiring special education who are severely handicapped or who have multiple handicaps are assigned a weight of 3.6. This describes special education pupils who are programmed for in self-contained special classes which maintain a teacher-pupil ratio of 1:5.

Iowa's weighting plan is integrated into the total educational finance system of the state. This finance plan is called "The School Foundation Plan" and is established by Chapter 442, the Code. In simple terms, each local school district's controlled budget is based upon a district cost per pupil which is determined by the prior year's district cost per pupil with an allowable growth factor added. The district cost per pupil becomes 1.0 weight of regular pupils and thus determines the funds generated for excess special education costs.

A pupil identified as requiring special education is assigned a weight of 1.7, 2.2, or 3.6, and therefore generates special education funds at the weight times the district cost per pupil. The district cost per pupil varies from district to district as does the proportion of local property tax and state aid. Since the 1981-82 school year, a district's special education instructional budget has been determined by the weight of pupils enrolled on December 1 of the budget year or base year (whichever is greatest) multiplied by the district cost per pupil.

School districts account for total dollars generated on behalf of special education students as special education funds. This includes the 1.0 funds; the equivalent of the amount generated by regular education pupils. An accounting mechanism is utilized, however, to provide for the 1.0 funds or a portion of those funds to be transferred to the regular program of the school district since the costs of regular (not specialized) transportation, operation and maintenance of the facility, administration, and integration into regular classes are costs incurred by the regular program of a school district for special education pupils.

The percentage of the 1.0 funds which is utilized by the regular program for special education pupils varies according to the type of special education program model in which the pupils are enrolled. This allows for the differences in cost of regular program integration and transportation provided special education pupils. The percentages of 1.0 funds allowed for regular program use are as follows:

1. Supplemental Assistance (1.7) = 100% of 1.0 funds.
2. Resource Teaching Program (1.7) = 100% of 1.0 funds.
3. Special Class with Integration (1.7) = 45% of 1.0 funds.
4. Self-contained Class (little integration 2.2) - 30% of 1.0 funds.
5. Self-contained Class (no integration 3.6) = 25% of 1.0 funds.

When one compares resource teaching programs in which pupils are integrated into regular class nearly all day and special class with integration programs in which pupils are integrated only two or three

periods a day, the need for variant regular program expenditures becomes apparent. The following examples using the 1987-88 state average cost per pupil of $2,590 illustrates:

1.	Resource Teaching Program Total Dollars Generated Per Pupils (1.7 x $2,590)	=	$4,403
	Regular Program Cost = 100% of $2,590 (1.0)	=	$2,590/pupil
	Resource Teaching Program Funds = $4,403 - $2,590	=	$1,813/pupil
2.	Special Class with Integration Total Dollars Generated Per Pupil (1.7 x $2,590)	=	$4,403
	Regular Program Costs = 45% of $2,590 (1.0)	=	$1,166/pupil
	Special Class with Integration Funds = $4,403 - $1,166	=	$3,237/pupil

The graph in Figure 1 compares regular program costs (represented by black vertical bars) to total funds generated for various special education program models.

Using the graph, one can see that a 3.6 weighted pupil who is a resident of a district with a per pupil cost of $2,590 generates a total of $9,324 of which $648 is regular program funds and the remaining $8,676 is available for expenditure for the special education self-contained program. Those funds are utilized to pay the instructional costs; teacher and aide salaries and benefits, supplies, materials, specialized transportation, etc.

Circumstances sometimes exist which cause the Weighting Plan to be insufficient to generate enough funds to cover the entire excess cost of special education funding; students may be identified as requiring special education at a time when it is too late to provide for the generation of funds, a district may have too few pupils to economically provide a program, transportation costs may cause overexpenditure of the special education budget. In other cases, the Weighted Plan provides more than enough funds and consequently, some districts have funds remaining as a balance of funds. The State Code was modified in 1983 (retroactive to 1981-82 special education instructional fund balance) to rectify this situation.

The overall intent of the legislation was to bring all districts' special education instructional fund balances (both positive and deficit balances) to a zero level. This is done now on an annual basis beginning with 1981-82 balances. Districts with positive balances experience a reduction in state aid and property tax. State aid saved from those balances is appropriated to the School Budget Review Committee to fund the state aid portion of deficit balances. Districts with deficit balances experience an increase in state aid to fund the state aid portion of the deficit balance if a request for a grant in allowable growth from the School Budget Review Committee is made to fund the property tax portion of the deficit balance of funds.

In addition to this function, the School Budget Review Committee is authorized by State Code to review special education pupil and finance data and make adjustments on an annual basis in the Weighting Plan. The Committee has exercised this prescribed duty on several occasions by adjusting the original 1.8 weighting to 1.7, the 2.2 to 2.0 and to 2.2 again, and the original 4.4 weightings to 4.2, 4.0, 3.8 and its current 3.6 level.

Table 1

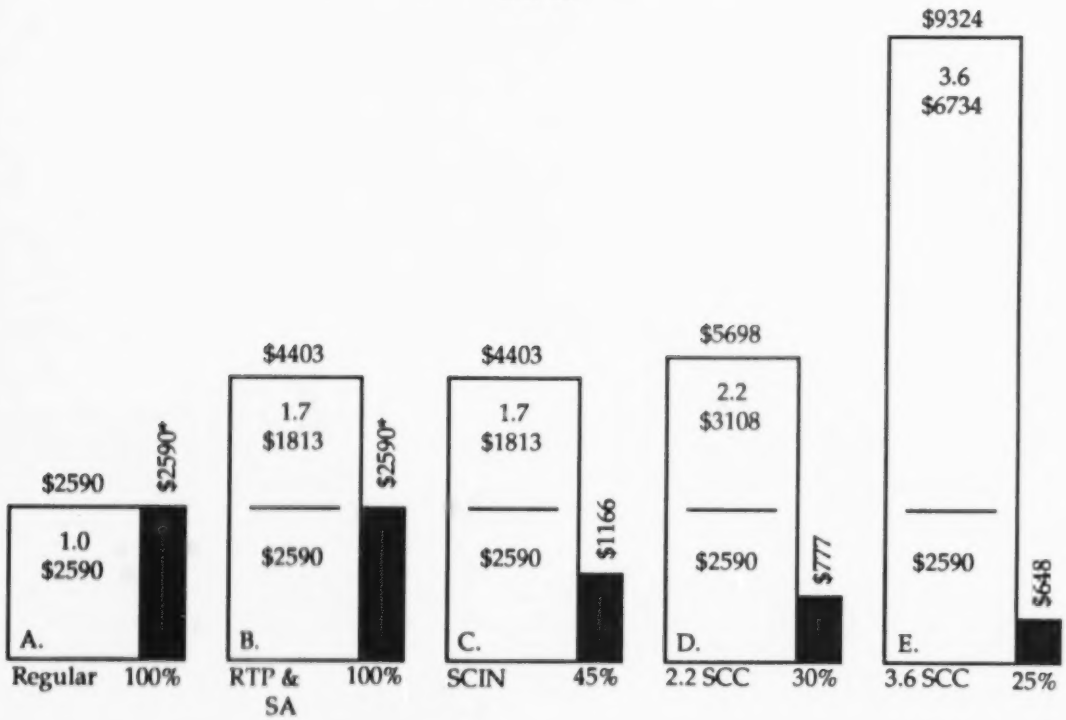
IOWA DEPARTMENT OF EDUCATION — **ITEM #1**
AREA EDUCATION AGENCIES 1-16 — **NOV 20 1986**
CONTROLLED FUNDING
SPECIAL EDUCATION SUPPORT SERVICES
1987-88

1	2	3	4	5	6	7
		Growth——>	3.89	(2 x 4)		(5-6)
AEA #	Weighted Enrollment	Per Pupil '86-'87	Per Pupil '87-'88	Appr. Budget '87-88	Less Reversions	Revised Funding
1	40194.2	124.42	128.31	5157317	0	5157317
2	25386.1	110.16	114.05	2895284	0	2895284
3	15340.3	114.13	118.02	1810462	0	1810462
4	11928.2	125.88	129.77	1547922	0	1547922
5	30040.4	116.50	120.39	3616563	0	3616563
6	20265.4	110.05	113.94	2309039	0	2309039
7	40422.6	115.66	119.55	4832521	0	4832521
9	59792.4	113.59	117.48	7024411	0	7024411
10	63470.0	111.86	115.75	7346652	0	7346652
11	111730.6	105.24	109.13	12193160	0	12193160
12	33948.2	115.78	119.67	4062581	0	4062581
13	36662.9	108.31	112.20	4113577	0	4113577
14	14100.9	105.65	109.54	1544612	0	1544612
15	27942.3	107.39	111.28	3109419	0	3109419
16	21667.1	113.14	117.03	2535700	0	2535700
TOTAL	38699.2	112.13	116.02	64099227	0	64099227

Source: Worksheets A, B, C, & D
Notes: Does not include Price Lab in AEA 7
Reversion = Weighted enrollment x (state aid per pupil x 0%
Estimates: Weighted Enrollment

Figure 1

Comparison of Regular Program Expenditures Per Pupil To Total Instructional Program Dollars Generated: Weighting Plan Via Foundation Plan 1987-88



A. Pupils in a regular curriculum are assigned a weighting of 1.0.

B. Children requiring special education who are enrolled in a regular classroom program for most of the school day, but who require special education instruction in specific skill areas on a part-time basis are assigned a weighting of 1.7; Resource Teaching Program (RTP). Children who are enrolled in regular classes on a full-time basis but need special adaptations due to their handicapped condition in order to make regular classes available (SA).

C. Children requiring special education with similar educational needs who are enrolled in a special education classroom but who can profit from participation in one or more academic subjects with pupils who are not handicapped are assigned a weighting of 1.7; Special Class with Integration (SCIN).

D. Children requiring special education who require full-time, self-contained special education placement with little integration into a regular classroom are assigned a weighting of 2.2; Self-contained 2.2 Class (2.2 SCC).

E. Children requiring special education who are severely handicapped or who have multiple handicaps are assigned a weighting of 3.6; Self-Contained 3.6 Class (3.6 SCC).

* Based on 1987-88 state average cost per pupil of $2590. Actual district per pupil cost will vary from district to district. Figures rounded to nearest whole dollar value.

Figure 2

Foundation Plan
Chapter 442
1987-88

		Maximum Authorized Budget
Miscellaneous Income	Unspent Balance Federal Aid Special State Aid SBRC Allow. (from Appropriated Funds)	Controlled Budget =
	Additional Mill Levy	District Cost Per Pupil x Weighted Enrollment
$2205*		Foundation Level
(81.5%) ($2590 + 116)	State Aid	(Approx. 65% State Average 1985-86) Including Ag. Land and other Property Tax Relief
	Uniform Property Tax	$5.40/$1000 Assessed Valuation

* Include AEA Support Flow-through Dollars in the amount of $116

March 29, 1988

Dear Participant:

You probably thought that you had heard the last from me with regard to anything futuristic after you left the Stouffer's Hotel on March 1. Not true! As with any meeting which runs on structured timelines, I knew that I ran the risk of never letting conference participants express themselves completely on any one topic. Yet, if I had done that the group would never have had an opportunity to discuss all topics covered at the conference.

You have now had approximately one month to think about the proceedings at the Futures meeting. As Jim Patton, Deb Brower, and myself start to put together the proceedings manual, we want to make sure that you have an opportunity to respond one more time on what you believe to be the critical issues which we must deal with in the area of mental disabilities over the next three to five years.

I have taken the liberty of including the overall priorities handout which was reviewed by the group leaders during the last session. I have also included a listing of who was in each group to refresh your memory. Please take a look at each of the three priorities your group listed. Do you still agree that these are the most critical? If not, why not? If so, help me to understand more specifically how we as a state can move to accomplish what your group has recommended. Your assistance on this task could be construed as the next step in developing our IEP. As with any IEP there are timelines. I would appreciate it greatly if you could record your comments on the enclosed sheet and return to me in the envelope provided by April 14, 1988. Your promptness will allow Jim, Deb, and I to review this information for the proceedings manual, which I might add is coming along nicely.

Your efforts will not be wasted. I intend to keep the promise I made to you when I asked you to participate. I will follow through. Again, thanks for your help. The conference was excellent because of people like you. Take care.

Sincerely,

Greg

Greg A. Robinson, Consultant
Mental Disabilities
Bureau of Special Education

GAR/jbc
Enclosures